

FAMILY GUIDELINES AT PATHWAYS THERAPY CENTER

We are happy that you have chosen Pathways Therapy Center for your child's therapy needs. Our goal is to help each child achieve his/her maximum potential. These guidelines help us to provide the best care and safety to our patients and families. Please follow these guidelines. **After reading please initial each paragraph.**

Parents/guardians are welcome to come into the therapy gym for the child's therapy session. No more than 2 visitors per patient; other visitors must be approved by your therapist. There may be times when the child might gain more from the therapy session if the parent/guardian is not present. If siblings accompany your child to the therapy session, we ask that they stay in the waiting room. _____

Please arrive on time for your child's therapy appointment. The therapist usually has another patient scheduled after your child and will be unable to extend the session. If you are going to be late please give us a call. Your appointment may need to be rescheduled if you are 20 minutes late. _____

When you arrive please check in with the receptionist. If no one is in the office please **ring the door bell**. If you would like to leave during your child's therapy we ask that you **return 10 minutes** before the session is over. If you are late returning, your child may be waiting in the office with the receptionist and the therapist will not have time to talk with you. **If you are going to be on your cell phone, we ask that you step out into the hall** as we have a small waiting room. _____

Speech Therapy sessions are typically 30 to 45 minutes and Occupational Therapy sessions are 45 to 60 minutes long. During that session, your child will receive hands-on evaluation and/or treatment, parent education regarding home program, other services, or equipment. If you wish to discuss issues regarding treatment/progress with your therapist, please let the therapist **know at the beginning** of the session so that appropriate time can be allotted during the scheduled therapy session. _____

Video taping and photos of your child only is allowed. The privacy of others must be protected.

Please call to cancel and/or reschedule an appointment, including if your child is too ill to attend school/daycare or has not been fever free for 24 hours. **If your child misses 60% of appointments in a month, he/she will lose their standing appointment.** However, you may call to schedule weekly appointments. _____

We will provide appointment reminders via email unless specified _____ . Yes / No

I hereby understand the above guidelines and cancellation policy and agree to abide by them.

Parent signature

date

Thank you again for bringing your child to Pathways Therapy Center for their therapy needs. If you have any questions regarding these guidelines or any other questions at all, please let your child's therapist know.