

Rehabilitation Associates, Inc.

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PEDIATRIC REHABILITATION PROGRAM ATTENDANCE POLICY

Predictability and routine are critical to a child's ability to learn. Our pediatric rehabilitation program relies on **consistent attendance and timeliness** so that your child can reach his or her fullest potential. Your commitment to bringing your child to sessions regularly is the critical component to maintaining a positive therapeutic and learning relationship.

We will also do our best to help you maintain this essential consistency by holding a set therapy time open for your child (to the best of our ability) if therapy is recommended on a weekly basis. Many of the children we see need an "after school" appointment time. Therefore, "holding" a critical after-school appointment slot for a child who is not attending promptly or regularly results in another child being unable to obtain therapy.

To this end, we enact the following attendance policy:

1. In accordance with Rehabilitation Associates, Inc's "No Show" policy, two missed appointments is reason for discharge.
2. Three cancellations within a time period of three months will result in the loss of a set therapy time. Future appointments will need to be scheduled week to week depending upon therapist's availability.
3. Additionally, since regularity is so critical to a child's ability to learn, we will discharge a client when the number and frequency of absences and/or consistent tardiness is such that it interferes with our clinician's ability to affect progress. We will certainly take into consideration absences due to children's illness so please do not bring your child to therapy if he/she is too ill to participate. Please do call us in advance to let us know so that we can schedule another client into that time. Non illness related cancellations less than 24 hours of scheduled appointment will result in a \$25 charge.
4. Should absences/tardiness begin to interfere with progress, and the therapist has been unable to resolve the attendance issue with you, we will send you a letter indicating that your child is discharged. We will cancel any future appointments that may have been made.
5. Please know that we are happy to begin treatment again once a commitment to regular and punctual attendance can be made so that we can provide our highest quality care. At that time you will need to ask your physician to fax us new orders and then we will contact you to start the process of re-evaluation. Please realize that we will need to schedule a full hour appointment for the re-evaluation and that your insurance company will be billed accordingly.

**For your child's safety, please remain in the facility at all times while your child is receiving therapy.
I have read and understand the pediatric attendance policy.**

Signature

Date