



CHILDREN'S THERAPY

OF WOODINVILLE, P.L.L.C.

17311 135TH AVE NE, #C200 WOODINVILLE, WA 98072

P (425) 486-7710 F (425) 483-6059

childrenstherapyofwoodinville.com

Treatment Contract

We appreciate your business and are committed to the progress of your child toward their therapy goals. This treatment contract outlines our commitments to you and the commitment we expect from our clients. Regular weekly attendance is necessary for maximizing the benefits of therapy and leads to achieving goals more quickly.

Therapist's Commitments:

Your child's therapist will complete an evaluation and develop a treatment plan with specific goals based on your areas of concerns and your child's areas of need. You will be provided a written report that will also be sent to other professionals working with your child (with your written consent). The therapist will be happy to answer any questions related to treatment during therapy sessions. Specific recommendations for home activities to support progress in goal areas will be given. The therapist will keep you informed through verbal communication of how your child is doing in therapy. Progress towards goals will be formally assessed and a written report provided on a regular basis. The therapist will inform you when discharge is recommended, which could be due to a lack of progress towards goals or when a child has met the goals of therapy.

Your child's therapist is committed to seeing your child for each scheduled appointment. If the therapist will be out of the office we will give you as much notice as possible. We will also provide the opportunity to reschedule if possible.

Parent and Child's Commitments:

(Please initial)

- _____ 1. I will arrive and pick up my child on time for our scheduled appointments.
- _____ 2. If my child is ill, I will call as soon as possible to cancel our appointment.
- _____ 3. If I need to cancel (other than for my child's illness) I will give **at least 24 hours notice**. If I cancel with less than 24 hours notice, I will be charged a **Late Cancellation fee of \$50**. If I No Show, I will be charged a **\$75 No Show fee**. Two of these charges may result in the loss of my child's therapy time.
- _____ 4. I will call 425-486-7710 to cancel an appointment. If I email a cancellation notice, I understand that I must receive a confirming return email in order for the appointment to be considered cancelled.
- _____ 5. I will make every effort to schedule a make-up appointment on an "as available" basis.
- _____ 6. When home recommendations are given, if we have any questions or concerns we will discuss them with our therapist. We will then commit to doing those activities and report back the following session.

PLEASE SEE OTHER SIDE



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_____ 7. In order to keep the appointment time reserved for my child, I understand we must maintain good attendance. This means calling in advance for missed appointments and attending at least 80% (5/6) of my scheduled on-going appointments. I understand that if my child's attendance falls below 80% in a six week period, **I may lose my recurring appointment time.** Progress cannot be made if my child is not attending therapy sessions.

_____ 8. I understand if I have a **planned absence** from therapy for more than two weeks, I have the option to pay \$50 per session that I miss (for each therapy) in order to hold my child's therapy spot. This charge applies to any session after the first two appointments that I miss. I can also choose to discontinue therapy and get back on the CTW waiting list when I am able to commit to weekly therapy.

Thank you for your commitment to your child's therapy!

Child's Name

Parent Name

Parent Signature

Date