

Client Name: _____ DOB: _____
Services: _____ Email address: _____

**Northland-Rural Therapy Associates
2224 East Cedar Ave Suite 1
Flagstaff, AZ 86004
PH (928)779-1679 Fax (928) 779-2822
TREATMENT PLAN AGREEMENT**

_____ I agree to be present or have a caregiver over the age of 18 present during therapy sessions to provide input and receive training.

_____ I agree to be responsible for the safety of the client and feeding or hygiene needs that may occur during that time period.

_____ If therapy takes place in a community setting, I agree to transport the client to meet the therapist at the predetermined time and destination and agree to bring any needed equipment (communication devices, walkers) that are necessary to work on goals and objectives.

_____ I agree that Northland-Rural Therapy Associates and its therapists are not responsible for the safety of the client in the community and the safety of others who are in contact with this client. Furthermore, I agree that NRTA and its therapists are not responsible for damage to private and public property caused by this client while participating in therapy.

_____ I agree to notify the relevant therapist as soon as possible if I will be unable to make a scheduled appointment. I understand that 3 "no shows" in a 6-week time period may result in the termination of services.

_____ I agree to participate in team decisions regarding the frequency and duration of therapy services, including increasing or decreasing frequency of services or plan to discharge the client from services.

_____ I agree to allow the therapist to use food in treatment. I will alert the therapist of any food allergies.

_____ I agree to let NRTA and other agencies use de-identified data collected during the treatment of my child to conduct research with the goal of improving therapy services.

_____ I agree to notify NRTA immediately of any insurance changes and understand that the client is responsible for any charges incurred prior to notification.

_____ I agree to have notes securely emailed to me at the above email address.

_____ I have read the no show policy and agree to abide by this policy.

Parent/Guardian Name

Parent/Guardian Signature

Date