

Northland-Rural Therapy Associates
2224 E. Cedar Ave, Suite 1
Flagstaff, AZ 86004

Dear Parents/Guardians:

I would like to thank you for choosing Northland-Rural Therapy Associates as your provider for physical, occupational, and/or speech therapy. I would like to take this opportunity to review policies concerning cancellations, no-shows, and illnesses.

NO-SHOWS

Our therapists are in great demand, and as a result, we are unable to accommodate individuals that have repeated no-shows. **No-shows are defined as cancellations with no notice or less than 24 hours notice.** If there are 3 no-shows in a 6 week period, we will temporarily suspend therapy services and contact the parent/guardian and support coordinator (if appropriate) to problem solve the reason for the frequent no-shows.

50% Policy

We understand that many times, health issues of the child or family emergencies may cause a client to miss several appointments in a quarter. We will attempt to be accommodating in these situations. We are unable to commit therapy slots to individuals who are not available on a regular basis. If 50% of the visits in a quarter are no-shows or client cancellations, we will need to make appropriate changes to our delivery of therapy services. Options that would be available include changing the day and time slot-dependent on the therapist's availability, decreasing the frequency of services, placing the client on-hold, or discharging the client from the services and/or from our agency. These options would be discussed with you and when applicable, with your support coordinator.

Therapist Cancellations

From time to time, our therapist may need to cancel their appointment. We will do our best to give the family at least 24 hours notice. In the case of an emergency, the cancellation may need to be made with less than 24 hours notice. The therapist will do their best to re-schedule the appointment.

Payment for No-Shows


We do not bill DDD for no-show office visits or AzEIP clients. No-show DDD home-visits are billed as .5 unit. If you are using your insurance or paying privately, you will be billed for no-shows.

Illness

We like to keep our therapists healthy both for their own sake and to protect the health of the clients that they serve. We have several clients we see who are medically fragile, and any illness can be a great risk. Please notify your therapist (if you have more than one therapy, contact each therapist) if your family member is sick for their scheduled therapy. If you are unsure whether to cancel, it is best to call the therapist prior to the visit. You and your therapist together can decide if the visit should be rescheduled.

We are grateful that you have chosen our agency to work with your family and child. We all enjoy working with your family members and are grateful for the fun and enrichment that they bring to our lives!

Sincerely



Thomas Cosner, Director
Northland-Rural Therapy Associates

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 and alert them of any 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 or sign to have the notes mailed to me at: _____

(Please sign the above line and write in mailing address)

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

Parent/Guardian Name Parent/Guardian Signature Date