

Parent Patient Responsibility Contract

Thank you for choosing Kid O'Therapy, LLC to work with our child and family. At Kid O'Therapy, LLC we believe each child, their needs and interests are individual. That is why we customize our treatment sessions to provide opportunities in therapy for educating, enhance and modeling intervention strategies that will help meet your child's goals. In order to best meet your child's therapy needs and expediate progress cooperation is needed on behalf of the family. This may include heling your child with their therapy home program. communicating with therapists about your child's needs and events which may affect behaviors and outcomes of their therapy. We expect that you will respond to our therapists in a timely manner, follow through with suggested home exercise programs and show up to scheduled appointments on time.

We value your time as well as our therapist time and understand everyone has busy schedules. If you have questions for our therapist, they can be addressed during the session. Please let our therapist know at the beginning of each session if you have questions. This will allow enough time to finish the session in time to answer your question. Please be aware we end our sessions seven minutes early to allow time for documentation, transitions and clean up time. Questions and answers cannot be addressed during this time as it will delay our next client and our therapists schedule. Therefore, it is important to let your therapists know if you have something to discuss prior to the session to allow time to address your questions.

Thank you for your cooperation and participation in your child's therapy progress, by signing below, you agree to be an active participant in your child's therapeutic journey.

Name of Child:

Date:

Parent's Signature:

Date: