

Kid O'Therapy, LLC

Parent Patient Responsibility Contract

To best meet your child's therapy needs and allow them to progress, cooperation is needed on behalf of the family. **This includes regular attendance, complying with a therapeutic home program, and communicating with therapists about your child's needs and events which may affect the outcomes of their therapy.** Please be aware we end our sessions seven minutes early to allow time for documentation, transitions and clean up time. Therefore, it is important to let your therapist(s) know if you have something to discuss prior to the session to allow additional time to address your questions and/or concerns.

Your child's therapy duration and frequency are individualized based on their evaluation and goals. Our objective is to discontinue services once your child has achieved their goals and you are satisfied with the care received. However, there are various reasons why services may be discontinued and these all center around your child's ability to benefit from our services.

REASONS FOR DISCONTINUING THERAPEUTIC SERVICES MAY INCLUDE:

1. Treatment goals are met with no further needs established.
2. Current behaviors do not allow for productive therapy sessions.
3. Not attending a minimum of **70%** of the sessions in a three-month period.
4. **Three or more no shows** occur during the entirety of the care plan duration.
5. At this time your family and/or child are unable to meet the responsibilities of therapy (ie follow through with therapeutic home program).

Thank you for your cooperation and participation in your child's therapy. We look forward to working together to help your child achieve the best therapeutic outcomes. By signing below, you agree to the above and to be an active participant in your child's therapeutic journey.

CHILD'S NAME: _____ Date of Birth: _____

Parent's Signature: _____ Date: _____