HOPE THERAPY

When your child needs help, there is hope.

Choose a Clinic Location:

☐ 611 W Hwy 6 Suite 115
Waco, Texas 76710
(254) 399-TALK (8255)

☐ 2704 Exchange Place
Temple, TX 76504
(254) 899-TALK (8255)

Hope Therapy would like to thank you for trusting us with your family's therapeutic needs. Our top priority is to provide the highest quality treatment available in the most efficient manner possible.

Regular attendance of scheduled therapy sessions is crucial to your child's progress. Therefore, to better serve our growing number of patients and their families, we require everyone to follow our 85% attendance policy and respect our "24 Hour cancellation" policy regarding appointment cancellations and rescheduling. Our attendance policy is as follows:

- all clients must maintain 85% attendance for all therapy appointments
- three no shows for scheduled appointments results in immediate discharge
- participation in specialty programs (such as aquatic therapy, hippotherapy, Ballerina Dreams, etc) is dependent upon compliance with the above attendance policy

So that we may continue to better serve all of our patients and their families, Hope Therapy reserves the right to discharge patients who do not maintain 85% attendance or violate the "no show no call" policy.

Hope Therapy understands that unexpected circumstances can never fully be avoided and we are more than willing to work with each of you on a case by case basis to resolve any unexpected scheduling issues that may arise from time to time. Please make sure you notify the clinic when you are unable to keep scheduled appointments.

If you have any questions, or need to reschedule an appointment please do not hesitate to call the Waco Clinic at **254-399-8255** or the Temple Clinic at **254-899-8255.** We will be more than happy to work with you.

I have read and understand, or have had explained to me, the Hope Therapy attendance policy as explained in the above letter.

Patient Name: _____

Name of person completing form: _____

Signature: _____ Date: _____