

Client Contract and Policies

Date: ___/___/___

Child's Name: _____

Name of Parent or Guardian _____

- Cancellation policy
 - Please be aware that Honest Occupational Therapy has a strict 24 hour cancellation policy.
 - If you cancel a session in less than 24 hours you will be billed for the full session.
 - Please cancel via phone call or text message.
- Please be respectful of the time of your therapist and make sure to be prompt to your appointment time. If you are late to your appointment, your child will only be seen for the remaining session time. Following this strict time policy will guarantee that your child will receive his/her complete session time.
- Please cancel your child's appointment if they are sick, contagious, or if you do not send him/her to school.
- Please do not to leave the premises while your child is in treatment.
- Sessions will end 5-10 minutes early to discuss your child's progress, family education, and ensure a team approach.
- Payment is due at the end of each session by check, cash or credit card
- Please review the Client and HIPPA Policies. Please sign and date.

I have read and agree to the above policies.

Signature of Parent or Guardian

Date

Thank you!