

## **PEDIATRIC THERAPY POLICIES**

### **1. THERAPY SESSIONS**

- a. One parent/responsible adult allowed with child during therapy session or as determined by therapist
- b. Sessions are strictly kept to thirty (30) minutes in length
- c. Address questions at the beginning of a session
- d. The last five (5) minutes of the session the parent/responsible adult is to meet with the therapist
- e. The parent/s or responsible adult is to remain ON SITE during the entire session in the event of an emergency or other need/s of your child
- f. The parent/s or responsible adult in attendance is authorized to receive your child's Personal Health Information (PHI).

### **2. GENERAL HEALTH**

- a. Do not bring your child to therapy if your child has:
  - i. Fever (must be fever free for 24 hours)
  - ii. Excessive coughing and/or nasal discharge
  - iii. Diarrhea
  - iv. Vomiting
  - v. Any contagious disease (including head lice)
  - vi. Any illness preventing your child from attending daycare or school
- b. Your child must be symptom free for 24 hours prior to coming for therapy

### **3. SCHEDULING**

- a. Sessions are scheduled through the front office staff pending the approval of the Speech Therapy Supervisor
- b. Sessions are scheduled weekly on the same day and same time
- c. Occasional requests will be granted for a more convenient available time
- d. A waiting list is available when needed
- e. After school and after work are most desirable time for appointments and thus often difficult to schedule
- f. Extended absences (vacation, traveling, etc.)
  - i. If a parent returns on furlough and the family goes on "vacation," usually no more than two (2) weeks, the child's "time slot" will be retained when documentation has been provided prior to the vacation.
  - ii. However, when a child is absent two (2) or more weeks without consent of the clinical supervisor, your child's appointment time will be given to another child
  - iii. Please reschedule when you return and understand that if you are absent, without documented consent, you may be put on a waiting list.
- g. Two options to assist in getting the time desired to be scheduled:
  - i. Call-In each week for openings due to cancellations, etc.
  - ii. Place your name on an Will-Call list
    1. Cannot take place of regularly scheduled appointments
    2. Provides opportunity to assist with continued development of your child

- iii. Call-In and Will-Call requests are given a higher priority than on the overall waiting list
    - h. Additional meetings with your therapist (at your request)
      - i. Cannot be combined with your child's scheduled therapy session
      - ii. To be held during your therapist available time
      - iii. There will be a charge for that session
      - iv. Insurance cannot be billed for that meeting
    - i. Cancellations due to therapist absence
      - i. Notice to be given in advance or as soon as possible (if due to illness)
      - ii. Option given to see another therapist when/if available
    - j. Holidays observed at Integrity Rehab (no appointments scheduled)
      - i. New Year's Day'
      - ii. Memorial Day
      - iii. Independence Day
      - iv. Labor Day
      - v. Veteran's Day
      - vi. Thanksgiving Day
      - vii. Christmas Day
- 4. CANCELLATION, MISSED APPOINTMENTS, LATE ARRIVALS, AND NO-SHOWS (not calling Integrity Rehab to cancel appointment)**
- a. **LATE ARRIVALS**
    - i. Sessions **MUST** start on time for your child to get the maximum benefit from the therapy
    - ii. Late arrivals will only receive the remaining time for that therapy session
    - iii. Arriving 10 minutes (or more) late for an appointment may result in the cancellation of the appointment. The determination will be made by the Clinic Director or the Administrator
  - b. **CANCELLED , MISSED APPOINTMENTS , and NO-SHOWS**
    - i. **Cancellations made within 24 hours notice**
      - 1. Will be rescheduled when an appointment time is available
    - ii. **Cancellations with less than 24 hours notice**
      - 1. Will result in a **\$25 fee**.
      - 2. This fee **WILL NOT** be billed to your insurance company.
      - 3. The parent/caregiver is totally responsible for this fee.
      - 4. Exceptions will be made for emergency situations by the Clinic Director or Administrator's discretion.
  - c. **TWO (2) consecutive Cancellations, Missed Appointments, or No-Shows**
    - i. With less than 24 hours notice
    - ii. Your child **will be removed from scheduled therapy** at Integrity Rehab
    - iii. **Further lack of communication** (After two weeks from last scheduled appointment) **will result in dismissal from therapy**
    - iv. The determination will be made by the Clinic Director or Administrator

- d. **A TOTAL of THREE (3) missed appointments or No-Shows within a three (3) month period,**
  - i. With less than 24 hours notice
  - ii. Your child **will be removed from scheduled therapy and dismissed from therapy.**
  - iii. The determination will be made by the Clinic Director or Administrator.
- e. **Extenuating circumstances, questions, and concerns** may be directed to the Pediatric Clinic Director: [kvenhuizen@integrityrehab.net](mailto:kvenhuizen@integrityrehab.net). If unresolved, please contact the Administrator: [jmitchell@integrityrehab.net](mailto:jmitchell@integrityrehab.net).

## 5. BEHAVIOR/OTHER NEEDS

- a. Monitor child/children continuously in waiting room
  - i. Please do not allow child/children to climb or jump on chairs, throw toys, slam doors, scream, fight, bite, or engage in any other disruptive behavior
  - ii. The goal is to prevent injury and to avoid disturbing staff and others in the waiting room
- b. Parents/Guardians/Caregivers
  - i. Please do not yell, curse, threaten, belittle, or speak abusively to your child/children, other adult/s, staff, or therapist.
  - ii. Problems (whether in person or on the phone) need to be addressed calmly and the staff will work with you to help solve the problem/s such as:
    - 1. Schedules
    - 2. Policies
    - 3. Fees
    - 4. Insurance denials
    - 5. Your child's progress
    - 6. Other problems
- c. Soiled Diapers/Pull-Ups
  - i. Bring extra diaper/pull-up for emergency need
  - ii. Please change diaper/pull up immediately if needed
- d. Food/Drink
  - i. Not allowed in waiting room or in therapy rooms
  - ii. Please provide food and drink to your child/children prior to session at home, in your vehicle or other place than Integrity Rehab
- e. School IEP meetings/goals
  - i. Integrity Rehab therapist unable to attend IEP meetings at school due to scheduling
  - ii. Therapist will talk to child's school based Speech Pathologist on the phone if a release is signed
- f. Termination of services
  - i. Please give therapist a written notice TWO WEEKS prior to termination
    - 1. To be able to "wrap-up" therapy sessions
    - 2. To provide plans/counseling for future treatment
  - ii. Request a termination form from your therapist.