



UCP Therapy Attendance Policy

Our Commitment to You

Due to the nature of therapy services, our therapists strive to give each child and family the time and attention they need. We are grateful for your patience and understanding when available time slots may not meet your expectations or needs. We will attempt to serve all family's needs equally.

Attendance Policy

UCP of Central Arizona is dedicated to providing high quality of services. Your scheduled appointment time is very important to us so we may maximize the level of success with your child's plan of care.

We understand issues may arise that interfere with scheduled appointments, however, we do require a 24-hour cancellation notice. **Please call (602) 313-8830 to cancel and reschedule your child's therapy appointment. You may cancel and reschedule an appointment via text message at (928) 985-0643.** Below are definitions pertaining to attendance and your expected responsibility for communicating with our office:

- ILLNESS/SICK:** If your child is not well, they will not benefit from the scheduled therapy session(s). If your child has had a fever over 100°F or has had an infection in the 24 hours prior to the appointment, your child is ill. As a courtesy to your therapist and the other children and families UCP serves, you will need to cancel your appointment(s) and reschedule for a later date.
- CANCELLATION:** A cancellation is defined as communicating with UCP of Central Arizona, canceling a scheduled appointment with a minimum of 24-hour notice. Please work with clinic administration to reschedule the missed appointment. If cancellations exceed 2 scheduled appointments within a 4-week period, it may result in the discontinuation of services or a loss of the scheduled time for recurring appointments. Cancellations due to illness will not be penalized. Excessive cancellations due to illness may require a doctor's note.
- LATE CANCEL:** A late cancellation is defined as communicating with UCP of Central Arizona, canceling a scheduled appointment with LESS than 24-hour notice. Please work with clinic administration to reschedule appointment.
- LATE ARRIVAL:** A late arrival is defined as arriving after your scheduled appointment time. In the event there is a conflict that will prevent you from arriving on time, we request you notify UCP of Central Arizona as soon as you can safely do so. All attempts will be made to deliver the scheduled service within the remaining time of your scheduled appointment.
- NO-SHOW:** A no-show is defined as missing a scheduled appointment without notifying UCP of Central Arizona prior to your scheduled appointment time. If there are 2 no-shows for a scheduled appointment within a three-month period, it may result in the discharge of services or a loss of the scheduled time for recurring appointments.

Please keep in mind that when appointments are missed, 3 people are affected: Your child, since they don't get the treatment they need as prescribed by the therapist, the therapist, since they now have a space where your child's appointment was reserved, and another child who could have been scheduled for therapy if our clinic was given the proper notice.

Laura Dozer Center: 1802 West Parkside Lane Phoenix, AZ 85027

UCP Downtown: 1007 North 7th Street Phoenix, AZ 85006

Therapy Clinic Office: 602-682-1893 Fax: 602-944-1658



UCP Services Agreement

Child's Name: _____ Date of Birth: _____

UCP Expectations of Parent/Caregiver

To serve your child most effectively, it is the expectation that the parent/caregiver participate in all scheduled therapy sessions. This will allow your therapist to develop a better understanding of your concerns and your child's needs, implement a home program, and adhere to legal liability standards.

Following the initial evaluation process, ongoing therapy session participation will be determined by the therapist and parent/caregiver as to the extent of the presence in the room or viewing the session through the window.

If a parent or caregiver cannot attend a scheduled therapy session, the appointment will need to be rescheduled. Please communicate availability for a parent/caregiver to be present for all sessions with your child's therapist. Follow the clinic cancellation policy for cancelling and rescheduling appointments if this situation arises.

If your child participates in other UCP programs at the Laura Dozer Center and you are looking for therapy options while they are present for another program, please contact the therapy clinic manager for scheduling options to ensure a caregiver is present for all therapy sessions.

Payment Policy

____ I understand that all payments are due within 30 days of receipt of statement. Services may be suspended until payment in full is received.

Patient Rights

____ I acknowledge that I have received a copy of the UCP of Central Arizona Patient Rights.

Consent for Treatment

____ I authorize UCP of Central Arizona to provide therapy services for my child.

Attendance Policy

____ I acknowledge that I have received a copy of the UCP of Central Arizona Attendance Policy.

Emergency Medical Authorization

____ I authorize UCP of Central Arizona staff to secure medical services in case of any medical emergency.

____ I authorize UCP of Central Arizona staff to initiate any medical procedure necessary for safety/survival (CPR and Basic First Aid).

____ I agree to be responsible for any fees necessitated by medical services secured by UCP of Central Arizona staff.

Parent or Guardian Signature

Date

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