

## family responsibility agreement

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Dear Families and Patients:**

**OUR GOAL** is to help your child to do the best they can. Your child's doctor referred them because it is important. Therapy is needed to learn these skills. Your help is required for your child's progress.

**What will we do?** We will make a treatment plan and home program based on:

- Doctors' orders
- Family and patient goals and reports
- Therapy evaluations and test results
- Patient's strengths, weaknesses, and needs

**How will we work with your child's medical team?** We will:

- Share reports and information with your doctors and therapy team
- Refer to services in your community
- Help with equipment and supplies
- Ask for a social worker's help if needed

**What are your responsibilities?**

Arriving late, missing appointments, and cancelling all prevent good progress.

- **Come to all appointments. Be ON TIME.**
- Stay at the clinic with your child during therapy. Join the therapy session when appropriate. Ask questions.
- Tell staff any changes in: insurance, health, address, and phone.
- Do the home program. Your therapist will teach and give you instructions.
- **Do NOT use cell phones in the therapy areas.**
- **Do NOT take pictures or videos of therapy without approval.**

**ATTENDANCE POLICY: (10 minutes or more after scheduled time is considered late)**

- If you are going to be late please call our office. Use the number circled below.
- Leave a message. We will try to see you as quickly as possible. You may need to wait or reschedule for another day or time.
- Failing to show 2 times in a row means therapy may stop.
- Therapy may be stopped if you miss or cancel 25% of your appointments.

**When does therapy stop?** We may stop therapy when your child:

- Meets all therapy goals
- Does not make very much progress during a set time period
- Shows negative behaviors that prevent progress
- Breaks the attendance policy

**I understand my responsibilities and will comply with them.**

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Therapist Signature\_\_\_\_\_  
DateFt. Worth -South  
682.885.4063Ft. Worth – Child Study Center  
682.885.2190Hurst – Northeast Rehab  
817.347.2955Hurst – SPORTS  
817.347.2925Mansfield – Rehab  
682.885.2200