



2715 S. Alma School Rd., Suite #3
Chandler, AZ 85286
Phone: (480)-508-5252
www.waytogrowaz.com

Way to Grow Policies

Thank you for choosing Way to Grow, we will strive to meet your expectations and the needs of your child's growth with us. In order to meet these needs and give your child the best care possible it is important that your child is consistent with their schedule. To ensure this we will work with you to put your child on a permanent schedule that both accommodates your family's schedule and ours.

What you can expect of us:

- We will do our best to accommodate a schedule that fits your family's needs.
- If we are unable to accommodate a schedule that fits your needs, you will be placed on a waiting list for your request (Day/time) and we will notify you as soon as that spot becomes available.
- If any changes need to be made to your child's schedule you will be notified ASAP. Changes could include therapist out sick or on vacation, they may also be scheduled with a different therapist if needed.
- When you schedule a makeup session we will do our best to schedule you with your regular therapist, however based on availability, it may not be possible, and a different therapist may see your child for the make-up session.
- Our therapists will refrain from working while actively ill (e.g. fevers, Flu, and anything actively contagious) and will cancel, reschedule (if possible), or find a replacement therapist, with as much advanced notice as possible.
- We will treat you and your child with the highest level of respect, authenticity and dignity. We pride ourselves in having some of the highest quality/trained and experienced therapists in the East Valley.

Our expectations of you:

- You will be responsible for contacting the front desk or office manager either in person, by calling (480-508-5252) or by email (office@waytogrowaz.com) for any schedule changes or concerns. *Please note that this is the **only** method of communication acceptable to make these changes.* Your therapist will be notified of these changes when they occur, and is not in charge of scheduling changes.
- Please notify our office 24 hrs in advance for any cancellation or schedule changes; **a late cancellation fee of \$45 will be applied accordingly for "short notice" cancelations or "no shows" (4 hours or less prior to, OR not arriving for a scheduled appointment).** Early appointments (8:00 and 9:00am) require a minimum 1-hour notice. _____(initial)
- Be consistent with your child's sessions according to their therapist's recommendations in their plan of care. Interruption and missed appointments will affect your child's progress in our clinic and can result in not receiving full benefits provided through our therapy services.
- Your child's sessions will run 50 mins for hour appointments and 25 mins for half hour appointments. It is important that your child be picked up by the end of their appointment time, this will ensure that all patients will receive their time that they have reserved for their therapist. *** If you are more than 10 minutes late you will be charged a late pick up fee of \$25.** _____(initial)
- Please consider your child's therapist's privacy as well and refrain from emailing, texting or calling them on their personal cell phones, Face Book, Messenger, or through their personal emails. All communication is safely protected/encrypted through our business email addresses, and we prefer for



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you to use that as the supplemental form of communication, outside of directly communicating with them at time of service.

-Be courteous of others in our lobby and please refrain from talking on cell phones, eating food, climbing/jumping on/off furniture, and allowing young children to use the restroom unattended.

_____ (initial)

By signing this I understand the scheduling policies and what I can expect from Way to Grow.

Parent/ Guardian Signature

Date

Printed name