

Attendance Policy

Compleat KiDZ Pediatric Therapy is committed to providing exceptional care to all our learners. Your child's regular attendance is necessary for them to reach the desired benefit from therapy. Inconsistent or infrequent therapy is not therapeutic and leads to poor outcomes. We expect your child to receive therapy at the frequency per week per the plan of care that was discussed and agreed upon by you and your therapists.

We understand that issues arise from time to time that makes it either impossible or inadvisable to keep a scheduled appointment. Below we have listed how attendance will be managed:

CANCELLATIONS

• **We appreciate a cancellation notice the day before your appointment.** We understand that an illness can develop overnight, or an unexpected issue can occur that would make it impossible to give us this advanced notice, but we ask that you give us prompt notice once it is determined that you cannot keep your appointment.

• **Illness.** Please cancel your child's appointment if he or she is experiencing any of the following:

- Fever of 101 degrees or higher within the last 24-hour (even if lowered by medicine)
- Vomiting, Diarrhea, Head Lice
- Known infectious diseases (Strep Throat, Pink Eye, RSV, MRSA, Chicken Pox, etc)

The child may return to the clinic for services when any of the above are no longer present for a 24-hour period.

• **Planned Absence.** Please give at least one week's notice for conflicts with scheduled appointments that are due to vacation, school events, other health care appointments, etc

• **Pattern of Recurrent Cancellation.** Even if proper notification is adhered to, but we see a pattern of recurrent cancellations developing, we will work with you on alternative scheduling to address the issue, which may include moving to non-recurrent scheduling (week-to-week) or a temporary hold on services until you can resolve the attendance issues. Compleat KiDZ reserves the right to discharge your child for poor attendance, should the issue not resolve.

NO-SHOWS

Failure to show for a scheduled appointment with no prior notification is considered a flagrant violation of our attendance policy and will result in consideration for a discharge from services.

LATE ARRIVALS

Persistent late arrivals is considered non-compliance with our Attendance Policy and may lead to placing your child on a 30-day hold of services or discharge from services.

All discharges from services are reported to the Referring Physician along with the reason for discharge.

Use of Image or Likeness in Photography, Social Media, Research, and/or Newsletters

I understand that the child's image may be viewed by the general public and/or other medical professionals. I also understand that my child's image may be used with or without their name and that it is possible that someone will recognize me. I also understand that my image, age, and/or date of birth may be used and/or shown for instructional or teaching purposes.

I understand and agree that this authorization is for any lawful purpose, including publicity, illustration, advertising, or Web Content, and that I will not be paid or compensated by anyone should this use occur. This release shall not extend to the disclosure of any confidential patient records or health information which will remain protected from non-disclosure as required by law.

I hereby grant permission to Compleat KiDZ Pediatric Therapy and each of its affiliates and subsidiaries and transferees, the successors of each of the foregoing, and each of their respective agents, licensees, and assigns (collectively, the "Licensees"), in perpetuity, a worldwide, non-exclusive, royalty-free, fully paid up license to reproduce, display, exhibit, publish, broadcast, distribute, and otherwise use, and permit others to use, my name, image, nickname, initials, symbols, likeness, signature, photograph, voice, statements, and any and all attributes of my personality and appearance (collectively, my "Identity") in materials created in connection with their advertising and marketing efforts (collectively, the "Materials"), alone or with other materials, in any and all manner and media now known or hereafter devised, including without limitation on websites owned by or affiliated with the Licensees, on third-party websites, in social media channels, and in public relations materials. I acknowledge that the Licensees have

Use of Image or Likeness in Photography, Social Media, Research, and/or Newsletters (Continued)

no obligation to use the Materials or my Identity. I agree no further approval is required for the Licensees to use any Materials or my Identity. I acknowledge that all right, title, and interest in and to the Materials, including without limitation all copyrights and trademark rights, shall be the sole and exclusive property of Licensees and that Licensees have the unlimited right throughout the universe to edit, modify, and otherwise use such Materials. I acknowledge and agree that no further payment or consideration will be due to me for Licensees' use of the Materials or my Identity as authorized by this Release.

- I give permission to Compleat KiDZ Pediatric Therapy as well as its assigns and transferees to copyright and use my child's photo, image, or likeness and/or testimonial in any newsletters, social media, stories, and/or research projects and to publish the same in print or to use it electronically. The undersigned agrees to waive any claims of breach of confidentiality or privacy through the use of the aforesaid items.
- I do not grant permission to Compleat KIDZ Pediatric Therapy to use my child's photo, image, or likeness and/or testimonial in any newsletters, social media, stories, and/or research projects and to publish the same in print or to use it electronically.

I freely affirm that the authorizations and consents given above are in effect, at the most, for one year from the date I signed this form. However, we will obtain new consents at each treatment plan update.

I understand that I have the right to edit or rescind any consent or authorization stated on this form at any time without penalty. I understand that I must complete a replacement Authorizations and Consents form should I choose to edit or rescind any consent that I have given via this form. By doing so this Authorizations and Consent form is no longer applicable from the date on the replacement form.

I understand that I must complete a replacement Authorizations and Consents form if services are to continue after the termination date of this consent, which is one year from the date I signed this form.

I understand that I can obtain a blank Authorizations and Consent form by downloading it from the compleatkidz.com website or by asking for a blank copy from the clinic front desk advocate.

I have read and fully understand and agree with the contents of this Authorizations and Consents form. I am authorized to act on behalf of the patient to sign this document verifying consent and agreement to the terms stated in this document.

Parent/Legal Guardian (Print Name)

Signature

Date

_____/_____/_____