



SHARON SIGESMUND PIERCE & STEPHEN PIERCE

Center for Autism & Developmental Disabilities
At Touro University Nevada

Touro Center for Autism and Developmental Disabilities

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ATTENDANCE AGREEMENT

The Center for Autism and Developmental Disabilities is dedicated to providing your child with the therapy that he/she may require. We intend to work with you as a team to help your child reach his or her therapeutic goals. In order to achieve this, it is important that attendance to scheduled sessions is consistent. In addition to this, many insurance carriers determine authorization for continued therapy based upon your child's attendance to sessions. We want to work with you to be certain that missed sessions are rescheduled in order to facilitate your child's continued progress towards treatment goals.

We understand that there are times when you may be unable to keep scheduled appointments.

It is our policy that cancellations less than 48 hours prior to the scheduled appointment are considered to be a "No Show." If possible, you will be given the opportunity to reschedule with your child's therapist in the SAME WEEK depending on Provider's availability. Appointments that are rescheduled in the same week will not be counted as a "No Show." After three (3) "No Shows" in the calendar year beginning on the date of signing this document, a written notice will be sent to parents and the child informing the family that therapeutic services may be disrupted or they may be discharged from the program. This is done in fairness to the therapist as well as the families that we have on our waiting list.

We will do everything possible to arrange treatment times and frequencies that are workable to your schedule. In turn, we do ask that your family be timely and allow ample travel time to make your scheduled appointment(s). We fully understand that due to unforeseen circumstances, your family may run late to a therapeutic session at times. However, if you are informing our front desk of your tardiness, and we determine that you will not be able to make your grace period of 15 minutes after your scheduled time, i.e. late for 16 minutes or longer, you and your family will be asked not to come in to save your family the travel time. This appointment will be rescheduled.

We hope that we can continue work together to help your child reach his or her highest potential. Thank you for your cooperation.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name