

**PARENT/GUARDIAN RESPONSIBILITIES**  
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION

Welcome to Pediatric Therapy at Georgetown University Hospital. In order to provide the most effective services for your child, we request that you adhere to the following guidelines:

1. Make all co-payments at the front desk before each session. If you fail to do so, you may be responsible for the financial charges of each visit.
2. Arrive on time to your appointments. **If you arrive more than 15 minutes late for your appointment, we may not be able to treat your child.**
3. If your child is ill, please do not bring your child to therapy. Please call the front desk at (202) 444-4180 to cancel the appointment.
4. We ask that you provide us with at least 24 hours notice for any appointments that need to be cancelled (with the exception of family or medical emergency). Cancellations made within 24 hours of the appointment will be considered a NO SHOW appointment.
5. Ensure your child is present for a majority of their scheduled appointments. **If a patient attends less than 75% of appointments within a 3 month period, he/she may be discharged from therapy.** A new doctor's order will be required to schedule a reevaluation to resume services.
6. Advise the therapist of any changes in your child's medical status.
7. During your child's course of treatment, therapists may make additional recommendations (i.e., developmental evaluation, early intervention services, home exercise programs etc) in order to ensure your child's progression towards therapy goals. If during the course of treatment there is a lack of progress, your child may be discharged from therapy.
8. While your child is being treated, please remain in the waiting room unless otherwise directed by your therapist. If you must leave the department, we require that you leave your cell phone number and remain on the hospital campus.
9. Your therapist will provide recommendations regarding appointment date/time/frequency. You will be given a scheduling slip to present to the front desk. Appointments may be made up to two months in advance. It is your responsibility to schedule appointments as prescribed by your therapist. If you fail to do so, your slot may be taken by another patient. If the parent/guardian makes no appointments and is not seen for a two-week period for this reason, discharge from service may occur and new medical orders will be required for a new evaluation.
10. If you delegate another person to pick up/drop off your child, you must complete a Caregiver Release Form. **If someone other than the parent or legal guardian brings the child to therapy without a completed form, we will not be able to treat your child.**

As the parent/guardian of \_\_\_\_\_ (name of Patient), I agree to abide by the guidelines stated above.

\_\_\_\_\_  
Parent/Guardian Signature/Date

\_\_\_\_\_  
Witness Signature/Date