

Policy Review and Procedures

Patient Name:	Patient DOB:
=	vided to ensure therapy services provided by The Voz Institute are Please review the following policy and procedural information and re and comply.
	y of therapy will be determined by the clinician based on level of cumented in the child's plan of care/evaluation report with egiver.
 Therapy sessions will be and caregiver. Please s 	standing, with a specific day and time agreed upon by clinician ee cancellation policy.
	minimum of 25 minutes and a maximum of 30 minutes, to allow s current progress, caregiver education, and/or to answer any ne end of the session.
document child's progre	be completed by the clinician following each visit to accurately ss and mastery of goals. A copy of this note can be requested, in ally, from the clinician for your records.
mastery of goals and e	nmended every 6-8 months to determine current level of progress, igibility for therapy services; however, depending on child's e discharged at any time, making a re-evaluation unnecessary.
"I have read and consent to the Policy Review and Procedures form regarding therapy services with The Voz Institute."	
Signature	Date

Relationship to Patient