

## Attendance

We expect all patients and/or families to attend their appointments on a consistent basis.

1. If you or your child cannot attend a session, please **let us know a minimum of 24 hours in advance by calling the clinic at (416) 242-1000, ext. 21400.**
2. We understand that from time to time, you may need to cancel a session. However, due to the demand for the service and long wait times, we can only reschedule a maximum of 2 sessions during a therapy block.
3. If you or your child misses more than 2 sessions without notifying us, we must discharge you or your child from the program. If you wish to continue with the program, we will place you or your child back on the wait list.
4. If you or your child is sick (for example, has flu-like symptoms, lice, or any diseases that is passed from person-to-person), call the clinic to cancel the session. You may call the clinic to rebook the appointment once you or your child are not showing symptoms for at least 24 hours.

## The Appointment


To make sure you or your child's session begins and ends on time:

1. Please call the clinic if you will be late. We may still be able to see your child; however, we will adjust the length of the session accordingly. **Exception:** If you are late for any **audiology appointments**, your child will not be seen and you will have to reschedule the appointment.
2. Let the therapist know of any concerns or issues during your child's allotted time. If you wish to discuss any issues at length, you can ask for a separate appointment or arrange for a telephone consultation.
3. If you choose not to stay in the treatment room with your child, please wait in the waiting room or in the clinic area during your child's session. Do not leave the clinic area or building.

## Reasons for Discharge

**From Occupational Therapy, Speech-Language Therapy or Nutrition Services:** We may discharge you or your child from the program if:

1. You or your child has received the maximum number of treatment sessions allowed, as set out by the therapist at the initial consult.
2. You or your child has met their treatment goals set out at the first session.
3. You have asked to end the service.
4. You or your child is not benefitting from our services.
5. You or your child have started services in the community that better meets their needs.
6. You or your child continues to miss sessions without cancelling or rescheduling with us at least 24 hours in advance.

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[Affix patient label here]

## Reasons for Discharge (continued)

**From Audiology Services:** We may discharge you or your child from the program if:

1. No further tests are required.
2. You have asked to end the service.
3. You or your child continues to miss sessions without cancelling or rescheduling with us at least 24 hours in advance.

## Accessing Services Elsewhere

1. If you wish to receive these services elsewhere (based on availability), please contact your health care provider or this clinic to help you find appropriate services.
2. If your child is receiving Audiology or Speech-Language Therapy services through Early Abilities and you move to another region, you must continue these services in your new region. In this case, we will discharge your child and make a request for your child's transfer to the new region.

**For more information,  
contact:**

**Paediatric Outpatient Clinic  
Maternal and Child Program  
Humber River Hospital**

**Tel: (416) 242-1000 ext. 21400**

## I understand and agree to the above.

Print Name: \_\_\_\_\_

Witness Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Date: DD / MM / YYYYDate: DD / MM / YYYY