



HOURS OF OPERATION, HOLIDAYS AND WEATHER POLICY

Hours of Operation

Monday – Thursday	8:00 a.m. – 6:00 p.m.
Friday	8:30 a.m. – 12:30 p.m.
Saturday and Sunday	Closed

Holidays

Unified Therapy Services is closed the following holidays:

*New Years Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
The Friday following Thanksgiving Day
*Christmas Day

*Additional day(s) we are closed for the Christmas and New Year holidays will vary based on the current calendar year. Please see the postings at UTS facility, Facebook or call (563)583-4003 for more information.

Weather Policy

To accommodate patients and staff during inclement weather, we attempt to reschedule as many appointments as possible. When our facility closes early based on the weather, we will notify each patient/family/caregiver individually, post the closing on our Facebook page and KWWL. Please make sure our front desk staff has your most current contact information on file.

*Unified Therapy Services provides services to patients in several school districts; therefore, we do not close due to school cancellations or any school holidays. For example, some schools are closed for Martin Luther King Jr. Day or President's Day; however, we remain open.



UNIFIED THERAPY SERVICES ILLNESS GUIDELINES

In order to keep Unified Therapy Services patients in the healthiest environment possible, we are utilizing the following illness guidelines. If a patient is ill, please call to reschedule his or her appointment for a different date/time that week. We want our patients to receive the recommended amount of therapy, but also realize if someone is ill he/she will not be able to put forth his/her best effort.

To return to therapy, after an illness, a patient must be:

1. Fever free for 24 hours
2. Not have vomited from illness for 12 hours
3. Not more than two diarrhea episodes in the last 12 hours

If the illness requires medication, the patient must take the medication for the prescribed amount of time to no longer be considered contagious in order for the patient to return to therapy.

****In addition Unified Therapy Services is a smoke free campus****



UNIFIED THERAPY SERVICES PATIENT ATTENDANCE/TARDINESS POLICY

I understand that it is my responsibility to have _____ attend all scheduled therapy appointments or to *call and reschedule and/or cancel at least 2 hours in advance*. I further understand that messages may be left on the answering machine after hours and the staff of Unified Therapy Services (UTS) will receive these messages the following day.

I understand that if he/she does not attend the schedule appointment and if the staff of UTS then has to call me, this will be considered a **No Call/No Show (NC/NS)** visit.

I understand that the therapist (s) will **verbally discuss attendance policy** for the above named patient if he/she has 2 consecutive cancellations or 1 NC/NS.

I understand that the therapists (s) **will send a written notification for** the above named patient if he/she has 2 consecutive NC/NS, 3 consecutive cancellations, or if attendance is less than 60% for the given quarter.

I understand that the above named patient **may be discharged** from all therapy services if he/she has 3 consecutive NC/NS visits, 4 consecutive cancellations, or if frequency of attendance has not improved to greater than 60% by the end of the following quarter.

I understand there may be extended excused absences related to hospitalizations, surgery, injuries, illness, and intense therapy programs. or extended vacations.

I understand that any child age 12 and under must be accompanied to and from therapy until contact is made with a therapist.

I understand that if I am not accompanying the above named patient to therapy it is my responsibility to have her/him dropped off and picked up on time for all therapy appointments. I understand that if he/she is **tardy in excess of five times**, the therapist will verbally discuss the importance of timeliness.

I understand that if tardiness continues after the verbal discussion, the therapist and front desk personnel will make a change in the schedule (if available) in order to address the issue of tardiness.

I understand that if tardiness continues after a therapy time change, that the above named patient **may be discharged from therapy**.

I understand any exception will be at the discretion of Unified Therapy Services.

By signing below I indicate that I have read the above stated policy.

Patient/Caregiver Signature

Date

Staff Signature

Date