**AGC PEDIATRICS, LLC**

**706-625-5900 Fax number: 706-625-5906**

**7311 Fairmount Highway 189 Professional Court 204 Professional Court 5 Medical Drive, NE**

**Calhoun, GA 30701 Calhoun, GA 30701 Calhoun, GA 30701 Cartersville, GA 30121**

**AGC Pediatrics Therapy Parent Agreement Form**

"CHILDREN ARE A GIFT FROM THE LORD; THEY ARE A REWARD FROM HIM"

Psalms 127:3 NLT

We believe that the mental, emotional, and behavioral health of your child is as important as their physical health. This is why we feel that God has blessed us with Christian providers available to assist you and your child in being successful in ALL of their health needs.

In order to properly care for you child, therapy is as important as medication in treating some diagnosis. Our goal is for your child to be comfortable with their care at AGC Pediatrics and to know that they have an advocate in their doctor, therapist or counselor. We will attempt to accommodate your family's schedules as much as possible when scheduling therapy appointments. We will try to schedule several appointments for you when you check out after your first visit. We do ask that if you must cancel an appointment that **you call no less than 24 hours before your appointment to let us know.** Please remember that an appointment that you cannot keep might be used for another child who is in need of treatment and on our waiting list. This will also allow us to possibly refill any medications that your child may need before the next scheduled appointment. A no show appointment is considered to be .... missing an appointment without calling 24 hours before the appointment and/or calling the same day as the appointment to cancel. We realize emergencies do come up and we will consider each individual case if you have to cancel or reschedule at the last minute. Once there are two documented no show appointments, then we will have to cancel all future therapy appointments that may have been scheduled for your child. If you plan to continue seeing our providers for mental and behavioral health, then you may call on any day that you are available for an appointment to check for same day cancellations.

We believe that God's greatest gifts to parents are their children and we want to Thank You for allowing us to participate in their care.

By signing below, you are verifying, you understand and agree to the terms of this agreement.

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

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Parent/Legal Guardian Name

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Signature of Parent/Legal Guardian Date Signed