

ATTENDANCE AND CANCELLATION POLICY

In order to better serve you and make quicker progress towards goals, regular attendance to therapy is imperative. One of the most common causes of lack of progress is inconsistent attendance. Northshore Pediatric Therapy understands that scheduling can be complex and, at times, hard to navigate. We take every possible step to ensure that appointment scheduling can go as smoothly as possible for the families we work with and our practice. To ensure that we can continue to provide the highest quality of care, the following policies have been put in place. **Please read and initial next to your responsibilities outlined as follows:**

_____ I am responsible for attending evaluations and sessions at Northshore Pediatric Therapy as scheduled. For scheduled therapy sessions, I understand that I must maintain at least an 80% attendance rate across a 3-month period or risk losing my appointment spot.

_____ In the event of a cancellation, I will provide as much notice as I can to support a smooth scheduling process.

_____ “Non-emergency” cancellations require at least 48 hours’ notice and include vacations, pre-planned medical appointments, family events, parties, sports events, lack of childcare, or anything not designated as “emergency”. **If an initial evaluation is not canceled with 48 hours’ notice, I understand that I will be responsible for paying a fee of \$150. If a therapy session is not canceled with 48 hours’ notice, I understand that I will be responsible to pay the full session fee of \$120.**

_____ “Emergency” cancellations are accepted only for illness (fever within the last 24 hours, strep, unidentified rash, diarrhea, vomiting, or any highly contagious illness), illness of a family member, or death in the family. In the event of an emergency cancellation, **I understand I still must notify the clinic by 7:00am on the day of the appointment to avoid a “no show” fee equal to \$150 for a canceled initial evaluation or \$120 for a canceled therapy session.**

_____ Inclement Weather: In the event of an expected storm or dangerous roads, the office typically closes. It is noted that if the office is open despite inclement weather, you may choose to stay home with your child without charge. **In this case you must follow the procedure for EMERGENCY cancellations, and call by 7:00am that day if it is unsafe for you to travel. If notification is not received by 7:00am, you will be billed \$150 for the canceled initial evaluation or \$120 for the full amount of the canceled therapy session.**

_____ I understand that Rebecca Cummings, M.S., CCC-SLP, PLLC, d.b.a. Northshore Pediatric Therapy may send me an email or text reminder the day before my scheduled appointment, as a courtesy. I recognize that my attendance is not dependent upon the receipt of an email or text reminder.

The email below is my preferred email for receiving courtesy appointment reminders:

Email: _____

I have read, understand, and agree to Rebecca Cummings, M.S., CCC-SLP, PLLC, d.b.a. Northshore Pediatric Therapy’s Attendance and Cancellation Policy as outlined above.

Signature: _____ Printed Name: _____

If signing as a parent or guardian:

Name of Client: _____ Relationship to Client: _____