



## Attendance Policy

### Cancellation and Attendance Policy

Our cancellation and attendance policy is designed to improve the ability to assist our patients in ensuring the continuity of care while optimizing the clinical outcome process. Regular attendance is important for your child's success. Please be aware of the following:

- **Rescheduling:** Your therapist is reserving your appointment time in their calendar and plans for your child's session in advance. If you know that you are going to miss an appointment, we request you reschedule at least 36 hours before the scheduled appointment so that they have time to fill in that time slot with an alternative patient. **Initials:** \_\_\_\_\_
- **Late Cancellation/ No Show:** Failure to notify of your cancellation at least 24 hours before your appointment will result in an automatic non-negotiable **\$50 charge** that cannot be reimbursed by insurance. This fee will be charged to the credit card you have on file with the clinic. This cancellation fee is designed to cover the therapist's and clinic's time for clients that cancel with less than 24 hours' notice. **Initials:** \_\_\_\_\_
- **Fees:** All cancellation fees must be paid prior to your child's next scheduled appointment. Again, please be aware that insurance will not pay for missed visits or cancellation fees. **Initials:** \_\_\_\_\_
- **Late Arrivals:** If you are 10 or more minutes late for your child's 30 minute therapy appointment, this will be considered a no-show and will be charged accordingly. If you are 10 or more minutes late 25% of the time for two consecutive months, we may put services on hold or downgrade the time your child is seen until scheduling issues can be resolved. **Initials:** \_\_\_\_\_
- **Vacation:** We request you notify the clinic at least two weeks in advance if you will be out of town. Appointments may be rescheduled the week before or after



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vacation, depending on clinician availability. **Initials:** \_\_\_\_\_

• **Appointment Holds:** Appointment slots will not be held on the schedule for more than two sessions for any reason (vacation, illness, surgery, group attendance, etc.) We will work with you on getting your child back on the schedule once you return and are ready to start services again. **Initials:** \_\_\_\_\_

• **Well-Child Clinic:** Shenandoah SOUNDstart, LLC is a well-child clinic and does require all children/attending caregivers to be free of fever, cough, diarrhea, sore throat, and a runny nose/illness for a minimum of 24 hours prior to resuming therapy. **Initials:** \_\_\_\_\_

• **Absences:** Please remember that being guaranteed a time slot on the schedule is determined by consistent attendance. If your child is absent from therapy 25% of the time or more for two consecutive months, or there is an extended pattern of non-attendance, therapy will be discontinued unless special arrangements are discussed in advance. **Initials:** \_\_\_\_\_

• **Teletherapy:** Teletherapy is offered for families who are ill or unable to make it into the clinic due to weather, etc. If someone in your family is ill, please call the front desk to switch the appointment to telehealth. **Initials:** \_\_\_\_\_

*By signing this agreement, I understand and agree with the cancellation and attendance policy.*

**Child's Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_