



Attendance and Cancellation Policy

In order to better serve you and make quicker progress toward goals, regular attendance to therapy is imperative. The most common cause of lack of progress is inconsistent attendance. Please thoroughly read and initial next to your responsibilities outlined as follows:

_____ I am responsible for attending speech/language therapy sessions as scheduled. I understand that I must maintain at least an 80% attendance rate as measured within a given 3-month period or risk losing my appointment slot.

_____ In the event of a cancellation, I will provide as much notice as possible. “Non-emergency” cancellations require 24 hours’ notice and include vacations, pre-planned medical appointments, family events, parties, sports events, lack of babysitters, or anything that is not designated as an “emergency”. **If the session is not canceled within 24-hour notice I understand I will be responsible for paying the full cost of my session.** “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. **After 3 emergency cancellations, I understand that a \$30 charge will be incurred for all subsequent emergency cancellations within a calendar year.** In the event of an emergency cancellation, I understand I still must notify the clinic on the day of the appointment to avoid a “no-show” fee for the full cost of my session rate.

I have read, understand and agree to Global Speech Therapy, LLC Attendance and Cancellation Policy as outlined above.

Signature: _____ Date _____

Printed Name: _____

Name of patient: _____

Relationship to patient: _____