



Attendance & 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 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 babysitter or anything that is not designated as “emergency”. **If the session is not cancelled within 24 hours notice I understand I will be responsible to pay 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 understand that Graham Speech Therapy, LLC may send me an email reminder the day before my scheduled appointment, as a courtesy. I recognize that **my attendance is not dependent upon the receipt of an email reminder.**

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

Email: _____

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

Signature: _____ Date: _____

Printed Name: _____

Name of patient: _____

Relationship to patient: _____