

Cancellation & No-Show Policy

The following are our policies regarding cancellations and no-shows. We take this subject very seriously because it can make a difference of whether your child is making progress with their treatment or not. When we establish a plan of care for your child, we base our goals on the child having consistency. If your child misses appointments, they will not meet their goals as quickly, and your child will have to be enrolled in therapy for a longer period of time. The success of our treatment sessions depends on consistency. In the event that you do have to cancel, we strongly encourage you to reschedule, even if it is with another therapist. Our therapists believe that another therapist's opinion can produce beneficial ideas for your child. We are always in close communication with each other.

- We require 24 hour notice in the event of a cancellation. It is your responsibility, when you call in, to have an alternate time in mind for that same week whenever possible. We understand there are circumstances where a 24 hour notification is not possible.
- Clients are allowed one failure to show to appointment and/or cancellation without proper notice without a penalty. There will be a \$50 charge after the second failed appointment and/or cancellation without proper notice. This charge will not be covered by insurance but will have to be paid by you personally before your next scheduled visit. Failure to cancel or to appear during an appointment is considered as a no show. Please contact our office immediately to discuss future appointments. If two no shows occur, your child's appointment time will be automatically offered to another child waiting for services.
- Your child may need to see a therapist other than the one who normally treats them if you do re-schedule your appointment. All of our therapists are experienced professionals and will study your child's chart, so your child will be in good hands.
- Frequently canceled appointments (more than 2 canceled visits for every 8 visits scheduled) will be basis for removal from our permanent schedule and allow you to only schedule on a week to week basis.
- A late arrival occurs when the client is more than 10 minutes late for the scheduled appointment. e.g., If the appointment is scheduled for 3 p.m., and the client arrives at 3:11 p.m., they are considered late. If a parent leaves The Griffin Promise Autism Clinic during their child's scheduled appointment, it is necessary for the child to be picked up by the end of the scheduled appointment, as to not interfere with another child's therapy appointment. The Therapist is likely to have back to back appointments, and cannot be late for the next appointment. If your arrival or availability time is 10 minutes or more after your scheduled appointment time, your therapist may have been reassigned to another child's care and your appointment may be cancelled. If you are unsure about whether you can arrive or be available within this time frame, call the clinic and/or therapist to inform them you are running late. Your therapist will determine whether you should reschedule the appointment. A consistent pattern of late arrivals and/or pick-ups will result in a review of your services and possible cancellation of services from The Griffin Promise Autism Clinic.

Please verify with the front desk any appointments that will be canceled due to a vacation. We request notification of this information at least 14 days prior to the date which will be missed. We may not be able to hold any time slot more than 2 consecutive weeks due to a vacation. When you don't show up as scheduled, three people are affected: **your child**, because they don't get the treatment they need as prescribed by the doctor and therapist; **the therapist** who now has a space in their schedule since the time was reserved for your child personally; and **another patient** who could have been scheduled for treatment if you had given us proper notice.

We want to thank you for choosing our clinic to provide your child with therapy. It is our goal to provide all children with high quality therapy services that promotes health and development.
I have read the attendance policy and understand the attendance expectations for my child.

Parent Signature

Date