

Cancellations/Discharge

Various cancellations can occur, and we, Small Steps Pediatric Therapy, are respectful of any reason that will cause a cancellation. We would like you, the caregiver, to be aware of the following cancellations that will put your child at risk for discharge:

- Not contacting Small Steps/your therapist to cancel appointments three times consecutively without an unforeseen circumstance as defined below.
- Arriving 15 minutes late three consecutive times without an unforeseen circumstance as defined below.
- Not attending more than 75% of your scheduled appointments (i.e., more than one cancellation a month) without an unforeseen circumstance as defined below.
- No-Show cancellations within 24 hours of your scheduled visit may be subject to a fee of \$25.00.

Caregivers must contact Small Steps Pediatric Therapy and/or their therapist for every absence unless an unforeseen circumstance recently occurred (e.g., tragedy, car issues, medical difficulties, any other personal difficulties).

Tardiness

Caregivers are expected to report to their scheduled appointment on time. If you cannot attend your appointment as scheduled, you must notify Small Steps Pediatric Therapy and/or your therapist before your scheduled appointment. Please be aware of the following tardiness guidelines:

- Clients who arrive 15 minutes late for their scheduled appointment time will not be seen.
- Clients who need to leave before the end of their scheduled appointment must notify their therapist immediately.
- Clients who arrive after their 30 minute scheduled appointment time will not be seen and considered a no-contact cancellation.

By signing below, I attest:

- 1. I have received a copy of Small Steps' cancellation and attendance policy and agree to the terms of the agreement.*
- 2. I understand that frequent cancellations and/or tardiness to my scheduled appointments may result in forfeit of my therapy spot and/or the discharge of my child.*
- 3. I understand that therapy is a commitment time between myself and my child's therapist and that cancellations occurring without 24-hours notice cannot be filled and therefore, may be subject to a no-show fee of \$25.00.*

I have read and agreed to the attendance policy terms above.

Name *

Signature *