



Cancellation Policy

TDS is committed to providing high quality services to you and your child. Our therapists dedicate significant time preparing for appointments. In order to assist us in this effort, we request that clients provide us with sufficient notice when cancelling an appointment. The following policies apply to appointment cancellations and failures to attend appointments.

Cancellation Policy (Client)

_____ If I am unable to attend a speech therapy session, I agree to contact TDS at least 24 hours in advance of my appointment. If I fail to provide 24 hours notice, I understand that a fee of \$50.00 will be charged to my account (with the exception of illness, inclement weather or emergency). I understand that insurance cannot be billed for this “no show” fee and that the fee is non-negotiable. I am responsible for paying the cancellation fee on or before my next scheduled appointment. I will notify my therapist at the next scheduled appointment if I am in need of a payment plan.

Cancellation Policy (Clinician)

_____ If the clinician needs to cancel your session due to illness or emergency, we will notify you as soon as possible. If a cancellation is necessary for any other reason (e.g. conference, vacation, etc), you will be notified in advance and we will make our best efforts to reschedule your appointment if possible.

_____ Our staff will notify you in the event that we must cancel your session due to inclement weather conditions. It should not be assumed that your session is canceled based upon school closings or early dismissals.

Attendance Policy

_____ I understand that consistent attendance plays an important role in maintaining progress in therapy and preventing regression of skills. As such, I agree to make every effort to attend the scheduled sessions on a regular basis. I understand that TDS does not offer appointments every-other-week or on a monthly basis.

_____ I acknowledge and agree to each of the following attendance policies:

- Clients who miss three (3) consecutive sessions (with the exception of serious illness, emergencies or inclement weather) will be notified that they are in jeopardy of losing their appointment slot, and it may be given to someone else.
- Clients who miss two (2) consecutive sessions **without** calling us 24 hours in advance to cancel (with the exception of serious illness, emergencies or inclement weather) **will be removed from their appointment slot and charged with cancellation fees for those sessions.**
- Clients who miss a total of three (3) non-consecutive sessions **without** calling us 24 hours in advance to cancel (with the exception of serious illness, emergencies or inclement weather) **will be removed from their appointment slot and charged with cancellation fees for those sessions.**

_____ Please notify us in advance if you plan to go on vacation so that efforts can be made to reschedule your appointments.

I have read and accept the terms of this contract.

Date signed

Client/Parent/Guardian

Clinician
TDS Center for Communication & Social Learning