

Speech Therapy Services, P.C.

502 S. Wheat Avenue
Bainbridge, Ga. 39819
(229) 246-4088
Fax (229) 246-0205

THERAPY ATTENDANCE POLICY AND GUIDELINES

Regular and consistent treatment plays a critical role in your child’s progress and ability to achieve goals. In order to help your child achieve their goals and receive high quality therapy services, we have established an attendance policy and guidelines to help ensure that every child receives the time and attention they deserve.

Please initial that you have read each guideline.

_____ Please arrive on time for therapy sessions. If you are tardy, your child’s therapy session cannot be extended to accommodate your late arrival.

_____ If you need to cancel an appointment, please call 24 hours in advance to notify us at (229) 246-4088. We will attempt to re-schedule your appointment whenever possible. If your call is not during our normal business hours, please leave a message on our general voice mail. Speech Therapy Services reserves the right to assess a \$45.00 cancellation fee for appointments cancelled with less than 24-hour notice.

_____ Clients who miss 3 scheduled appointments without advance notice (no call/no show) and/or frequently missed appointments, will be removed from the regularly recurring treatment schedule, placed on a waiting list, and their physician will be notified.

_____ Repeated cancellations or no shows will be reported to your referring physician and may result in discontinuance of therapy.

_____ Parents should not leave the premises during their child’s appointment.

I have read and understand Speech Therapy Services’ Attendance Policy and Guidelines and agree to comply.

Child’s Name

Parents/Guardian Signature

Date