



## **Cancellation Policy**

Thank you for allowing us to be a part of your child's therapeutic program. We will do everything we can to be flexible and accommodating with your child's schedule. However, we are hoping you can also give us the same flexibility back. PLEASE make a note of your child's scheduled therapy time. It is YOUR responsibility to notify the therapist at least 2 weeks in advance in case of teacher workdays, school conferences, holidays, field trips, special events at school that may interfere with therapy, doctor's appointments, vacations, etc. If you do not notify your clinician at least 48 hours in advance, you will be charged your hourly rate per missed session. If you must cancel an appointment due to an emergency or sickness, please notify the Speech-Language Pathologist by phone or email the evening before. If you fail to do so, we reserve the right to charge the full session fee for any appointment that is not kept. Please understand that we travel throughout the metro Atlanta area to work with your children and have to plan accordingly to ensure our promptness for the appointment. Unforeseen circumstances are anticipated and will be dealt with on a case by case basis.

**I CERTIFY THAT I UNDERSTAND THE CONTENTS OF THIS NOTICE AND ACCEPT ITS TERMS.**

Thank you for your cooperation,

Saren Schapiro, M.Sc., CCC-SLP  
Licensed Speech-Language Pathologist

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Parent/Legal Guardian Signature

\_\_\_\_\_  
Date