

Blue Roots Speech & Language

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Certified Speech Language Pathologist**

Attendance / Cancellation Policy

While **Blue Roots Speech & Language** understands that illnesses and emergencies occur, we respectfully request that you avoid frequent cancellations or “no shows”. Please adhere to our following policy regarding providing our office with advance notification for any cancellations resulting from a conflicting appointment, vacation, obligations for work or family, illness, or any other event. The most common cause of lack of progress is inconsistent attendance. Please read thoroughly and initial next to your responsibilities.

_____ I am responsible for attending speech/language sessions as scheduled. I understand that **I must maintain an 80% attendance rate**, as measured within a given three-month period, or risk losing my appointment slot.

_____ In the event of a cancellation, I will provide as much notice as possible. “Non-emergency” **cancellations require 24-hour notice**. “Non-emergency events” include vacations, play-dates, pre-planned medical appointments, events, lack of babysitter, sports events, or anything that is not designated as an “emergency”. **If 24-hour notice is not provided, I will be responsible for the full cost of my session.** “Emergency cancellations are accepted only for illness (fever within the last 24 hours, strep, diarrhea, vomiting, or any highly contagious ailment), illness of a family member, or death in the family. **After 3 emergency cancellations, I understand, that a \$25 fee will be charged** for any subsequent emergency cancellations within a calendar year. In the event of an emergency cancellation, I understand that I still must notify the clinic to avoid being charged the “no-show” fee for the **full cost** of my session rate.

_____ If you do not maintain an 80% attendance rate, the office will reserve the right to cancel all pending appointments and to **no longer offer services** to you as a client.

I have read, understand, and agree the Blue Roots Speech & Language Attendance/ Cancellation policy and the risks of not adhering to it.

Signature of Parent/Legal Guardian

Date

Printed Name

Relationship to Client

Name of Client