

**Kim Hughes, MA, CCC-SLP**  
**In Other Words: Speech and Language Services**

**Overall Attendance Policy**

Because this office holds a time for your session, you are essentially promising to fulfill that slot. We take careful attendance. If you exceed a cancellation rate of 25 percent or higher you will receive a written notice that your slot is in jeopardy, especially if you do not schedule or attend make-up sessions. This policy includes emergency, non-emergency and vacation cancellations.

**Appointment Cancellation Policy**

Non-emergency cancellations require 24 hours' notice. Non-emergencies include vacations, preplanned medical appointments, family events, parties, sports events, lack of babysitter or anything that is not designated as "emergency" (see below). The session must be canceled no later than 24 hours before the appointment. If non-emergency cancellations become excessive, the client may lose his or her weekly slot in the clinician's schedule. If the session is not canceled with 24 hours' notice it will be billed at \$100.

Emergency cancellations are accepted only for illness, illness of a family member or death in the family. These sessions must be canceled by one hour prior on the day of the appointment. Please do not come, or bring your child, to the office with a fever, strep, unidentified rash, diarrhea, vomiting or any highly contagious illness. You or your child must be fever-free for 24 hours prior to the session. If you or your child arrives ill, you will be dismissed and charged for the session.

**Make-up Policy**

We offer make-up sessions, as they are in the client's best interest. Make-up slots are offered for inclement weather, illness and pre-arranged vacations/holidays. Make-up sessions are not offered when there is a violation of the cancellation policy. For example, if you are charged for a no-show, we will not reschedule that visit. Make-ups must be attempted for all holidays, vacations and cancellations. Failure to schedule make-ups is considered a violation of policies.

**Dismissal Policy**

If you plan on discontinuing services for any reason, you must give this office four weeks' notice or you will be billed for the missed sessions. This office must also give you 30 days' notice if treatment will be discontinued for breach of attendance policy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_