**ATTENDANCE AND CANCELLATION POLICY**

Access Communication and Therapy is dedicated to helping you improve your communication skills. With that in mind, your therapist has reserved a time for your regular appointments. The following attendance and cancellation policy has been developed to maximize progress while respecting your therapist’s time.

1. While we understand that emergencies arise, we require at least 24-hours’ notice for non-emergent appointment cancellations. In the event of an emergency or illness, we request as much notice as possible. You can email, text, or call your therapist.
2. Appointments are scheduled for you for a specific time. Although we appreciate that the unexpected may occur, we request that you respect the time that has been held for you. If you will be late, please call or text your therapist. Please understand that your session time will likely be cut short as your therapist will

 generally be unable to extend the session time due to another appointment.

1. Consistent attendance is vital to therapeutic progress. Thus, excessive missed appointments or lateness , even with notification, will result in discharge from therapy. If there is a problem with your scheduled appointment time, please discuss this with your therapist as an alternative time might be available.

I have read, understand and accept the attendance and cancellation policy delineated above. I understand that this policy applies to office, home and telepractice appointments.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Home Representative Signature

(if appropriate) Date