



ACHIEVE

Speech, Language & Executive Function Experts

Client : _____ Date: _____

Parent/Guardian: _____

Best way to contact you:

Home: _____ Cell: _____ Text: _____ Email: _____

Home phone: _____ Cell/Text: _____

Email: _____

Cancellation Policy

Please remember that careful individual planning and time goes into preparing for treatment sessions. We aim to maximize our clients potential and progress with consistent treatment sessions. Consistent attendance is essential to “Achieving” client goals and so that each client can receive full benefit from his/her therapy plan.

If you need to reschedule for any reason including illness, please give your clinician as much notice as possible. Please call/text Mindy: [860-514-2894](tel:860-514-2894); call/text Rachelle: [617-413-7425](tel:617-413-7425) or email AchieveCT@gmail.com at least 2-4 hours in advance of the session if you need to cancel or reschedule.

1. Clients will notify Achieve Clinicians of known scheduling conflicts (e.g., appointments, vacations, etc.) at least one week in advance of the next scheduled session
2. Any session not cancelled/rescheduled with at least 2-4 hours advance notice will be charged a \$100 fee.
3. A no-show session (no phone call/text or email prior to scheduled session) will be charged \$100 fee and must be paid prior to the next scheduled session.
4. When making up a late-cancelled (<4 hours) session within 7-10 days, NO cancellation fee will be charged. The session will be billed as usual. When rescheduling after a missed or cancelled session, time

Client: _____

5. and day of regular scheduled sessions may vary. This make up session will be an additional session to the regularly scheduled frequency (e.g., client may be seen for two sessions in one week). If you are unable to make up the session, then the \$100 fee will be due prior to the next scheduled session.
6. Overall attendance: Since we have recommended sessions as 1x (2x, 3x) per week slot, you are agreeing to fulfill that/those sessions per week for the client's success. We take careful attendance. We require 80% attendance at all scheduled sessions per month (e.g., attendance at least 3 out of 4 sessions per month).
7. If the client exceeds a cancellation rate of 20% or greater per month, you will receive a written warning notice that your treatment slot is in jeopardy, especially if you do not reschedule/make up sessions. This includes emergency, non-emergency, weather conditions, and vacation cancellations.
8. Achieve clinicians will contact you by phone/text/ and/or email to cancel or reschedule sessions due to illness, weather conditions, or unexpected emergencies. Achieve clinicians will attempt to notify clients 48 hours notice in advance of any known scheduling conflicts and reschedule sessions as warranted.

I _____, understand that if a session is missed without a call, text, or email to cancel at least 2-4 hours prior to the scheduled session time, that I will be charged a \$100 fee. The fee is for a missed appointment only (it is not considered a treatment fee) and will be collected prior to (or at) the next scheduled appointment. I understand that I am strongly encouraged to reschedule the session within 7-10 days for continued progress towards the my/client's individual goals.

By signing this, you are agreeing to the Achieve Cancellation Policy.

Client

Date

Parent/Guardian

Clinicians initials: _____

