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POLICY REGARDING CANCELLATIONS AND “NO SHOWS”

In an effort to be respectful of your busy schedule and that of our therapists, we employ an attendance policy for all scheduled therapy appointments.

- Our therapists will be timely for appointments scheduled with your child. They will arrive within a 10-minute window of their scheduled appointment or make a courtesy call to you asking to arrive early or late for that day.
- It is the parent’s responsibility to keep their therapist informed of any changes they need to make in their scheduled therapy visits. We request a 24-hour notice of any cancellations so that the therapist has the opportunity to make adjustments in their schedule as needed. Notice of less than 24-hours may result in the patient being billed for that visit.
- Our therapists will give a minimum of 24-hour notice for any cancellations they need to make with regard to your scheduled visits.
- It is important that both the parent and the therapist be respectful of health concerns. Children with diarrhea, vomiting, contagious diseases and/or a temperature above 100 degrees should not be seen to ensure the health of your therapists and other patients they will be seeing. Should your child (or another child in the home who will be there during therapy time) wake up with any of these symptoms, please contact your therapist as soon as possible to make them aware of your need to cancel their scheduled appointment. Our therapists will likewise call as soon as possible should they be ill and not be able to render services to your child.
- Our therapists will make every effort to reschedule your child at a time that is convenient for you when a cancellation is required.
- In the event of a “no show” or non-emergency late cancellation, a charge of \$35.00 will be assessed to the parent for that missed session. Insurance **cannot** be billed for “no show” or non-emergency late cancellations. .
- I have read and agree to follow the above attendance policy with regard to cancellations and “no shows” for scheduled therapy visits.

Parent or Guardian Signature

Date

Therapist

Date