Cancellation and No-Show Policy

A solid partnership between the therapist and the family can create positive benefits for the child. A full commitment to the therapeutic process is necessary for the child to receive these benefits. The therapists at Mariposa Speech Services pledge to uphold this commitment to every child they treat. We ask that the families also recognize the importance of doing their part to be present for all therapy sessions.

Your child's therapy appointment is the equivalent of a doctor appointment and should not be cancelled for reasons other than illness, family emergencies, or planned family vacations.

We understand that these circumstances do arise and makes it necessary to postpone therapy services. Our therapists will make every effort to accommodate a make-up session in these instances. If it is necessary to cancel therapy due to illness or emergency, please notify your therapist as soon as you know you will be unable to maintain your scheduled appointment.

A clinic appointment is considered a 'no-show' if the patient does not attend the scheduled therapy appointment and does not call to cancel the session.

A home-based therapy appointment is considered a 'no-show' if the therapist arrives at the scheduled time and the family is not at home, does not answer the door, or is unable to participate in the therapy session for any reason and has not called the therapist to cancel the appointment.

Please note that we reserve the right to discontinue services if there are 2 or more cancellations or 2 or more no-shows within a 4-week period.

Mariposa Speech Services values the relationship we have with your family and we believe adherence to this policy will strengthen that relationship and create a positive therapeutic experience for your child. Please contact our Clinical Director Leslie Kwasny lkwasny@mariposaspeech.com if you have any additional questions.

I hereby acknowledge that I have been presented with the Mariposa Speech Services, Inc. Cancellation / No Show Policy. I have read this notice and understand the terms.

_____   _____

Parent / Guardian Signature   Date

_____

Printed name

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Name of child