



Date: _____

Cancellation Policies

Cancellations and No-- Show Policy

At My Kids Therapy, we are dedicated to providing the best one-on-one treatment possible for your children. This requires a time commitment from our therapists and your family. We will do our best to provide advanced notice of any changes in your child's therapy schedule. Along the same lines, **we require 24 hour advanced notice for all cancellations (cancellations must be made with our front desk staff).**

- 1) All appointments cancelled within fewer than 24 hours will be subject to a \$50 cancellation fee.
- 2) This fee may be waived if the appointment is rescheduled and attended within a 2 week time frame.
- 3) If your make-up appointment is not attended, the \$50 cancellation fee will be applied to your account. If you cancel your make-up appointment with less than 24 hours notice or do not show up for your scheduled make-up, the \$50 fee will apply to that session as well as the originally missed session for a total of \$100.
- 4) Excessive cancellations (approximately 50% of scheduled appointments) will result in the loss of your reserved appointment time; this includes vacations that will exceed 2-3 weeks.
- 5) Appointments are reserved on a weekly basis . If you are unable to commit to reserving a day and time slot weekly, you will be placed on our on-call list and will be contacted if there is a cancellation. We are unable to reserve therapy appointments on a bi-weekly or monthly basis.

Sick Policy

_____ Parent Initial

At My Kids Therapy, we want to support the health of your child, your therapist, and other families who attend therapy.

- 1) Your child must be free from fever, stomach virus, or other contagious illnesses for 24 hours prior to attending therapy.
- 2) If your child has residual effects (e.g. runny nose, cough, etc.) of an illness that has lasted more than 4-7 days and is no longer contagious, please use your best judgment regarding therapy appointments.
- 3) Family members, who remain in the waiting room during therapy sessions, must also be free from fever, stomach virus, or other contagious illnesses for 24 hours prior to therapy sessions.
- 4) We understand that children can become ill on the day of your session. In order to avoid the cancellation fee sessions must be rescheduled and attended within a 2 week time frame.

_____ Parent Initial

Inclement Weather Policy

Please note that My Kids Therapy does not follow local (Anne Arundel, Prince George, Montgomery County) school closings and delays. Please call to see if the office is open at these times. Our first concern is for your safety and the safety of our therapists. Our clinic is often open on days that schools are closed for those families who wish to make up appointments or schedule additional therapy sessions at this time.

I have read and agree to the above policies.

_____ Parent Initial

Child's Name: _____

Parent or Legal Guardian Name: _____

Parent or Legal Guardian Signature: _____ Date: _____

Staff Witness Name: _____

Staff Witness Signature: _____ Date: _____