

Therapy Cancellation Policy



Please remember that careful individual planning and time goes into preparing for your child’s treatment. We aim to maximize your child’s potential and progress with consistent therapy sessions. Consistent attendance is essential to achieving goals so that your child can receive the full benefit of his/her therapy plan.

TREATMENT CANCELLATION / LATE POLICY

NON-EMERGENCY

Non-emergency cancellations require 24 hours’ notice. Non-emergencies include preplanned medical appointments, family events, parties, sports events, lack of babysitter, or anything that is not designated as “emergency.” The session must be canceled no later than 24 hours before the appointment. If there are more than five non-emergency cancellations within a year, your child may lose his/her weekly slot in the clinician’s schedule.

EMERGENCY

We understand that there are circumstances where providing 24 hours’ notice is not possible. Emergency cancellations are accepted for illness, illness of a direct caregiver, or death in the family. These sessions must be canceled by 7 AM on the day of the appointment.

LATE

If your child is going to be more than 15 minutes late to a session, please notify us. The session time will be shortened by the amount of time you are late.

VACATION

Families may take up to 10 days of vacation per year without risking cancellation of services. We respectfully request 30 days’ notice prior. This will also allow us to work together to help promote maintenance and generalization of behavior change during the vacation period.

RESCHEDULING/MAKEUP POLICY

We endeavor to reschedule sessions, when possible, as they are in your child’s best interest. While we try to provide makeup sessions, this isn’t always feasible.

PARTICIPATION POLICY

Because we hold the time for your session, you are essentially promising to fulfill that slot. If you cancel or are late to 5% or more of your sessions, you will be notified that your slot is in jeopardy. This policy includes non-emergency, emergency, and vacation cancellations, as well as late arrivals. Absence from your treatment sessions longer than two weeks may result in cancellation of the treatment plan.

DISMISSAL POLICY

To discontinue services, please give Therapeutic Pathways four weeks’ notice to plan for coordination of care.

I understand the participation policy and agree to comply. I understand that rescheduling any missed sessions as quickly as possible will help support my child’s continued progress.

_____ PARENT’S SIGNATURE

_____ DATE