



Cancellation Policy

Late Cancellation or “no show”

We ask that parents give 24 hours notice for cancellations, in the form of a phone call and voice mail to the therapist. Please do not email cancellations. Please ensure that you give at least 24 hour- notice if your child exhibits any of the following (includes, but is not limited to, a fever at or above 100, vomiting, sinus infection or flu-like symptoms, viral infections, pink eye, lice, strep throat). Cancellations (or “no shows”) without 24 hours notice are subject to a cancellation fee of \$50. The therapist will bill for this at a rate of \$50/hour or session and the family will be responsible for this fee. Insurance carriers will not pay for missed appointments, late cancellations, or late arrival. The therapist will contact the family after 15 minutes has passed and inform them that they are leaving, (unless the parent is near-by and both parties agree to have session). If the therapist attempts to reach the family unsuccessfully, the therapist should attempt to communicate with the family stating that the session is cancelled. This policy is also in effect for sessions at home and school when the client or parents are not present at the stated session start time.

Grace Policy:

We get that emergencies, unexpected illnesses, and, well, life, happens! This is why we allow one free pass to be used at your discretion for all clients. No explanation needed and no questions will be asked the first time. The therapist will reach out to attempt to reschedule the missed appointment. Once this is used, the the cancellation fee will apply.

Please understand that these policies are in place in order for the therapist to best meet the needs of the clients. We understand that emergency situations arise, on both ends (therapist and parents), and these situations will be handled on a case-by-case basis. Johnson Behavioral Services is also expected to give 24 hours notice for cancellations and are expected to call if they will be late due to traffic or other unforeseen circumstances. We appreciate your understanding of the need for these policies as we continue to provide services to your family.

_____/_____
Signature of Parent (1) Date

_____/_____
Print Parent's Name (1) Date

_____/_____
Signature of Parent (2) Date

_____/_____
Print Parent's Name (2) Date