



☎ 610-455-4040  
☎ 855-251-8777  
✉ info@ebschildrenstherapy.com  
🌐 www.ebschildrenstherapy.com  
📍 200 Skiles Blvd. | West Chester, PA 19382

### **Cancellation and Tardiness Policy 2019- 2020**

Consistency is vital to the therapy process. The more regular your child's attendance, the more likely he/she will make therapeutic progress. Your therapist's plan can only be effective when attendance is regular and consistent with the scheduled therapy time.

In the event that your family becomes unable to attend sessions regularly, we will make every effort to accommodate your family's needs. **If your child's attendance becomes inconsistent and is no longer therapeutically appropriate, your child's therapy may be placed on hold until consistency can be improved.**

Please review the guidelines below regarding the cancellation and tardiness procedures:

**Cancellation Policy:** Your child's therapist has reserved valuable time for your child's treatment. Your therapist has prepared for the session and blocked out all other activity during this time. In the event that a therapy session is missed with less than 24 hour notice, a fee of \$35 will be given to the family. If you leave a voice message, we suggest that a follow up call and email be made during regular business hours to assure that the message has been received to the CLINIC.

If there are more than three absences without proper notice, in a period of six months, your appointments will be at the risk of permanent suspension.

If you fail to attend a session with no form of communication such as a phone call or email to the clinic, this is considered a "NO SHOW". In this event, a fee of \$35 will be given to the family.

**Tardiness:** Please call the clinic to notify if you will be running **late to your appointment or picking up after your appointment** scheduled end time. If you are more than 15 minutes late there will be a \$25 late fee assessed to the family. If there are more than three instances of tardiness (15 minutes or more) in a period of six months, your appointments will be at the risk of permanent suspension.

**Vacation:** Please inform the clinic at least two weeks prior to absence due to vacation.

**Illness:** Please call the clinic as soon as you know that your child may miss your scheduled session. Please refer to the Illness Policy for details.



☎ 610-455-4040  
☎ 855-251-8777  
✉ info@ebschildrenstherapy.com  
🌐 www.ebschildrenstherapy.com  
📍 200 Skiles Blvd. | West Chester, PA 19382

**Other:** Routine Dr.'s visits, meetings and other flexible appointments should be scheduled so they do not conflict with the existing therapy appointment. Therapy is an important part of your child's schedule,

We Care More. We Do More.

and should be treated as such.

#### **Illness Policy**

Please understand that, while attendance is vital, it is also important to protect your child, as well as the health of the therapist and other children. Please also understand a child must be in good health to have a successful and productive therapy session. We require children to be symptom and fever-free for at least 24 hours prior to returning for a session. If a child is on an antibiotic for an illness, the medication must be administered for at least 24 hours before returning to the clinic. Please call the clinic as soon as you know that your child may miss your scheduled session due to illness.

The following circumstances warrant cancellation (with possible rescheduling) of the therapy session:

- The child is unusually lethargic or irritable
- Presence of yellow or green mucus secretion
- Vomiting/diarrhea
- Fever (within 24 hours of session)
- Seizures
- Open skin sores
- Head lice or nits present
- The child is in a contagious state of a communicable disease including but not limited to:
  - Pink Eye
  - Explained rash
  - Strep Throat
  - Chickenpox
  - Ringworm - must be 24-48 hours on treatment and completely covered if rash is still present.



-  610-455-4040
-  855-251-8777
-  [info@ebschildrenstherapy.com](mailto:info@ebschildrenstherapy.com)
-  [www.ebschildrenstherapy.com](http://www.ebschildrenstherapy.com)
-  200 Skiles Blvd. | West Chester, PA 19382

I have received a copy of the Cancellation/ Tardiness and Illness Policy.

---

Child's Name

---

Signature of Parent or Guardian

---

Date