



2 Chelsea Boulevard  
Houston, Texas 77006  
Phone: 713-807-1131  
Fax: 713-807-1141

## **Client Cancellation Policy**

***Our primary focus is to improve the quality of services we provide our clients and their families. Consistent attendance is necessary to maximize progress.*** Furthermore, insurance companies are holding us accountable to provide consistent therapy or coverage may no longer be available. We have instituted a fair cancellation policy as follows.

### **POLICY**

Pediatric Helping Hands Therapy must be informed of any cancellations at least 24 hours prior to the scheduled appointment. We have a phone system that allows you to leave detailed messages for your therapist or the office staff. Failure to contact Pediatric Helping Hands Therapy with at least 24 hours notice will result in a \$50.00 fee, payable within 30 days.

Chronic cancellations (3 or more cancellations or 2 “no-shows” within a 2-month period) may lead to discharge by your therapist.

### **CHRONIC CANCELLATION PROCEDURE**

When a client is not in compliance with this policy, a staff member will contact the family to discuss the reason(s) for cancellation, attempt to alleviate the problem, and offer support in improving attendance.

Should services be terminated, the family will have the option to be placed on our waiting list and may resume therapy when an opening becomes available. All outstanding fees and bills must be settled prior to restarting therapy.

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Printed name of Parent/ Guardian

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Date

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Signature of Parent/Guardian

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Date