

Whole Kids Therapy

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POLICY REGARDING CANCELATIONS AND “NO SHOWS”

In an effort to be respectful of your busy schedule and that of our therapists, we employ an attendance policy for all scheduled therapy appointments.

- Our therapists will be timely for appointments scheduled with your child. They will arrive within a 15-minute window of their scheduled appointment (either early or late) or make a courtesy call to you asking to arrive early or late for that day.
- It is the parent’s responsibility to keep their therapist informed of any changes they need to make in their scheduled therapy visits. We request a 24-hour notice of any cancellations so that the therapist has the opportunity to make adjustments in their schedule as needed. Notice of less than 24-hours may result in the patient being billed for that visit, depending upon the circumstances.
- Our therapists will give a minimum of 24-hour notice for any cancellations they need to make with regard to your scheduled visits.
- It is important that both the parent and the therapist be respectful of health concerns. Children with diarrhea, vomiting, contagious diseases and/or a temperature above 100 degrees should not be seen to ensure the health of your therapists and other patients they will be seeing. Should your child (or another child in the home who will be there during therapy time) wake up with any of these symptoms; please contact your therapist as soon as possible to make them aware of your need to cancel their scheduled appointment. Our therapists will likewise call as soon as possible should they be ill and not be able to render services to your child
- Our therapists will make every effort to reschedule your child at a time that is convenient for you when a cancelation is required.
- In the event of a “no show”, the parent will be given written notice. A second “no show” will result in the child being taken off the therapist’s schedule and a charge being assessed to the parent for that missed visit.
- Parents must keep 75 percent of scheduled therapy visits per month to be considered an active patient. Patients who drop below this amount will be given written notice of removal from the therapist’s schedule.

I have read and agree to follow the above attendance policy with regard to cancellations and “no shows” for scheduled therapy visits.

Parent or Guardian Signature

Date

Therapist

Date