

Collier Language and Literacy Therapy Corrie Collier, MCD, CCC-SLP, C-SLDI 45 Lafayette Rd. Unit 215 North Hampton, NH 03862 Corrie@CollierLLTherapy.com (978) 225-3327

Policies

Attendance Policy

Consistent attendance and participation in therapy is essential for therapeutic success. While I understand that illnesses and emergencies occur, I respectfully request that you avoid frequent cancellations. Please adhere to our following policy regarding providing advance notification for any cancellations.

- If you are unable to keep an appointment, please provide <u>24 hours</u> notice by phone, text, or email.
- Please reschedule therapy sessions if your child has any highly contagious illness or has had a fever, strep throat, unidentified rash, diarrhea, or vomiting in the last 24 hours. If anyone in your household has had any contagious illnesses which may be spread through coming into your home, please reschedule your appointment.
- You will be charged the full amount of the missed session if you cancel with less than 24 hours notice or fail to appear to a scheduled appointment and the appointment cannot be rescheduled. If the appointment can be rescheduled, the fee will not apply.
- If you are late or not home at the time of your scheduled appointment, your appointment slot will be held for 10 minutes. If you are late, your session will still end at the regularly scheduled time.
- If you cancel, are late, or fail to appear for an appointment without providing 24 hours advance notice for 3 or more appointments within 30 days, you may lose your scheduled appointment time.

Payment Policy

- Payment is due at the time of service. Payment is accepted as private pay by cash, credit card, or check. Checks should be made payable to: <u>Collier Language and Literacy</u> <u>Therapy</u>
- If payments by the client are returned for any reason, the returned check fee, denied credit card fee, or any other related fees will be added to the amount owed by the client.

I,	, understand the attendance and payment policies and
the risks of not adhering to them.	

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client

Policies

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