

# Alison Moulton

SPEECH, LANGUAGE & LEARNING

## PRACTICE POLICIES

### ATTENDANCE AND CANCELLATION POLICY

Attendance and participation in therapy are essential for therapeutic success. Alison Moulton Speech, Language, and Learning PLLC is devoted to the care and treatment of our patients. Sessions require preparation time in order to create specific treatment plans and select personalized materials for individualized sessions. While we understand that illnesses and emergencies occur, we respectfully request that you avoid frequent cancellations or “no shows.”

All cancellations due to a conflicting appointment, vacation, obligations for work or family, or any other event must be submitted 24 hours prior to your scheduled appointment. If cancellations are made less than the required 24 hours, or if a client fails to show up for a scheduled appointment, then the client will be billed directly for the session fee in its entirety.

If you arrive late for a scheduled appointment, the session will still end at the scheduled time or may be cancelled. No adjustment in fee will be made if you arrive late to your child’s scheduled therapy session.

Initial \_\_\_\_\_

### PAYMENT POLICY

Alison Moulton Speech, Language, and Learning PLLC is a private pay practice. Payment for each session is due in full the day of your child’s appointment. There will be a service charge of \$25.00 for any returned check.

Initial \_\_\_\_\_

## INCLEMENT WEATHER POLICY

If Alison Moulton Speech, Language, and Learning PLLC will be closing due to inclement weather, clients will be contacted directly via email. In the event of closings, we will make every effort to reschedule your appointment within the same week. Telepractice/telehealth appointments may be offered in place of in-person appointments during inclement weather, if appropriate. Should you wish to cancel your appointment due to inclement weather, please contact us at your earliest convenience noting the above attendance and cancellation policy.

Initial \_\_\_\_\_

I, \_\_\_\_\_, understand the policies listed above and the risks of not adhering to them. I further acknowledge that I have read, understood, and accepted each policy in its entirety, and have indicated so by providing my initials above. I acknowledge that I have retained a copy of this form for my records. This form will become a part of my child's client record.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client