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CANCELLATION / NO-SHOW POLICY

We understand that situations arise in which you must cancel your appointment. It is therefore important that if you must cancel your appointment, you provide 48 hours' notice. This will enable adequate time to inform the other party of the cancellation and as well as another client who is waiting for an appointment to be scheduled at that appointment time.

Appointments must be cancelled 48 hours in advance excluding holidays. For instance, if calling to cancel for a Monday appointment, the cancellation must be by Friday. If cancelling over a holiday itself does not count as normal business hours. Cancelling under 48 hours will be deemed a late cancellation. In the case of a late cancellation, a full scheduled session charge will be made directly to the office by the **cancelling party** using the credit card on file.

Parties who do not show up for their appointment without a call to cancel an appointment will be considered as no-show. Parties who no-show three (3) or more times in seven (7) scheduled sessions may be held in contempt of the supervised court order. A subpoena is required to produce and obtain records of any kind.

We understand that special unavoidable circumstances may cause you to cancel within 48 hours. Cancellations due to child(ren) or other party illness **MUST** be verified by a physician in writing. The physician's note must be submitted at the next scheduled session for the cancellation fee to be waived upon case-by-case review by AFS management.

In the event of dangerous weather, AFS may cancel the visitation appointment. If a party is unable to attend the session due to dangerous weather, AFS must be notified 5 hours prior to the scheduled session in order for the visitation to be excused. Otherwise, it will be considered a no-show.

AFS reserves the right to cancel a session if adequate supervision cannot be provided due to unavailability of staff. AFS also reserves the right to deny services when safety of the child(ren), parties, or AFS staff cannot be reasonably ensured.

Due to the volume of clients in need of AFS's service, each appointment is not only imperative but valuable to both you as the client and to AFS as the provider to maintain the efficiency of the practice.

- I understand that I will be financially responsible for any late cancellation/no-show fees.
- I understand that I will be charged a total scheduled session fee of \$65 per hour with each late cancellation/no-show using the credit card on file.
- I understand that if I should have some personal medical emergency which prevents my attendance at my scheduled appointment, my late cancellation fee may be waived if I provide verification of medical services to AFS at the next scheduled session.
- I understand that holidays do not count as normal business hours and as such I am expected to cancel any necessary appointment with this in mind.

I, _____, have been informed and understand, the Cancellation/No-Show Policy and hereby agree to the terms and conditions of this agreement.

Signature

Date