

Cancellation policy

At **Milton Therapy and Learning Centres (TLC)**, we aim to provide **high-quality, sustainable services** to our community. To achieve this, we maintain a **strict cancellation policy** to ensure fairness for both clients and our team.

1. Non-Emergency Cancellations

- Please provide at least **one week's notice** if you need to cancel your appointment.
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2. Late Cancellations

A **100% cancellation fee** applies if an appointment is cancelled **less than two clear business days** before the scheduled time.

Important Notes:

- Cancellation fees apply to all booked services, including **session time, preparation, follow-up, and allocated travel time**.
 - This policy applies even if an appointment is cancelled by an **external party** (e.g., school or preschool).
 - Cancellation fees will also apply if a session cannot proceed due to **extenuating circumstances** such as:
 - Health and safety risks (e.g., infectious disease exposure, extreme weather warnings).
 - The client is not present when the therapist arrives at an external location (e.g., school visit). In this case, **allocated travel time and non-labour costs will be billed**.
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3. Alternatives to Cancelling an Appointment

If you need to cancel at short notice, you may consider the following alternatives (subject to therapist availability):

- **Phone, Google Meet, or Zoom session** instead of in-person.
 - **Email correspondence** for therapy guidance.
 - **Report preparation** or therapy planning.
 - **Consultation with another professional** (e.g., paediatrician, teacher, or preschool staff).
 - **Preparation of therapy materials** tailored to your child's needs.
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4. Therapist-Initiated Cancellations

If your therapist needs to cancel due to **illness, family emergency, or other unforeseen circumstances**, we will:

- Provide as much **advance notice as possible**.
 - **No cancellation fees** will apply in this instance.
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5. Appointment Reminders

- A **reminder text or email** will be sent before each appointment

By following this policy, we can ensure **consistent, high-quality care** while maintaining fairness for all families and therapists.

I, _____, have read and understand this cancellation policy.

Signed: _____

Date: _____