

Therapy cancellation policy template

A policy skeleton with blanks. Complete the notice periods and fees only after your own review.

therapycrm.io

Clinic name

Policy version

Effective date

Reviewed by

Purpose

Why the clinic has this policy, in one or two plain sentences

Cancelling and rescheduling

How families cancel or reschedule (channels and hours monitored)

Notice period

Late if notice is under

No-show after (minutes)

Fees (complete only after your own review)

Late cancellation fee decision

No-show fee decision

How the fee appears on the invoice

Who is told about the fee, and when

Illness, emergencies and exceptions

Situations where the clinic may set the policy aside

Who can approve an exception

Add-on wording for your services

Pediatric add-on: who may give notice, child illness, arriving late

ABA add-on: recurring blocks, team coverage, supervision visits, funding periods

When the clinic cancels

How and when families are told

Make-up visit, credit or refund offered, and the window to book it

Packages, prepaid visits and funded visits

Refund or credit for unused prepaid visits

Funder rules to check before charging a family directly

Family acknowledgement

Parent or guardian name

Date received

Policy version given

Staff member

Signature or confirmation method

Keep a copy of the version each family received. Check fees and refund wording with your regulator, accountant and counsel before use.