Growing Wise
THERAPY SERVICES LLC

10721 Chapman Hwy Suite 27, Seymour, Tennessee 37865 Phone/Fax: 865-322-9252 growingwisetherapy@gmail.com

Updated Cancellation Policy (01/02/2025)

If for any reason your child will be unable to make their scheduled appointment time, families should contact our office by phone call or text at 865-322-9252.

Non-emergency cancellations require at least 24 hours notice.

- **Examples of non-emergencies include (but are not limited to) vacations, pre-scheduled medical appointments, and family events.**

Emergency cancellations are accepted on the day of the child's appointment.

- **Examples of emergencies include (but are not limited to) child illness, illness of a family member, and a death in the family.**

Three cancellations within a 3 month period that are not reported as stated above will be equal to one no-show. After two no-shows, we will place you on a call-in list. You will be responsible to call in weekly for an appointment, as you will not have a permanent spot. After 1 month of consistent attendance, you will then be placed in a permanent spot for treatment.

In the event of inclement weather, we will provide teletherapy that day or reschedule their appointment to an in person session. If you miss a teletherapy scheduled session, this will count as a cancellation.

Retention of a minimum of 75% of your child's scheduled sessions within a 3 month period is pertinent to their progress. This means if your child is scheduled 2 times per week, missing more than 6 sessions within 3 months would result in termination of services.

If you wish to continue services after your child is discharged, you will need another referral from your child's pediatrician.

There are OPTIONS!! Teletherapy!!

We offer teletherapy as an alternative to in-clinic sessions in compliance with HIPPA guidelines.

If you are unable to attend in-clinic sessions, contact your therapist to discuss scheduling options for teletherapy. The teletherapy format provides us with the opportunity to go over your child's home program and any questions you may have related to your child's treatment.

As always, thank you for choosing Growing Wise Therapy Services. We are excited to be a part of your child's team!

Date:_____

Child's Name: _____

Parent's Signature:_____