Counseling and School Psychology Clinic

Attendance Policy

Regular, consistent attendance and participation helps ensure that the therapeutic process will work. Once a therapy session is scheduled, that time slot is reserved for your child. As a Counseling and School Psychology Clinic client, attending sessions is expected except in the event of a sickness or unforeseeable circumstance.

In the event of sickness or unforeseeable circumstance, we ask that a cancellation be made at least 24 hours in advance to the scheduled appointment. We ask that you notify your child’s therapy provider, via the Google Voice number provided to you. In the event that you are unable to provide 24 hours notice, we ask that you give as much notice as possible to your child’s therapy provider.

Please note that three no-contact absences may result in the discontinuation of therapy services within our clinic. We can assist you with referrals to other agencies should this occur.

Late Policy

Arriving on time for your child’s scheduled sessions helps ensure that session time can be used to the fullest, in order to provide your child with quality care. Should there be an unforeseeable circumstance that impacts your arrival for session, we ask that you notify your child’s therapy provider, via the Google Voice number provided to you. In the event that you arrive 15 minutes after your child’s scheduled session, your child’s therapy provider may not be able to meet with your child for the full scheduled session or may ask that you reschedule the appointment to another day/time.

My signature below indicates that I have read this agreement and agree to its terms. I agree to the terms and information listed above. This consent will last for the duration of the relationship with this clinic. I also authorize that a photocopy and/or facsimile (FAX) copy shall have the same effect and authority as the original copy of this document. I also understand that I can withdraw my consent at any time and the CSPC will work with me to find a suitable alternative option for care.

__________________________  ____________________
Client Name  

__________________________  ____________________
Signature of Parent/Guardian  Date 

__________________________  ____________________
Witness  Date 

University of Nebraska-Lincoln