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Notice to Cancel Form

I am hereby releasing my scheduled time slot(s) on _____ (day/time) for my child _____. The last therapy session my child will be attending is on _____ (date) with _____ (therapist) for individual/group (circle one).

*Written notice must be received at least 15 days prior to your child's last therapy session. You will be billed for all therapy sessions that are scheduled for your child during the last 15-day period of your child's program, whether your child attends them or not, regardless of the reason. **The day we receive this form is considered day #1.** If you do not hand-deliver the form, please call and make sure we received it. We will review with you which scheduled appointments fall into the remaining 15 day period, based on when we ultimately received this completed form.*

My reasons for discontinuing services are: *(please check all that apply)*

- _____ My child has completed therapy (Yay! Congratulations!)
- _____ We are having difficulty with child's schedule/logistics/too busy
- _____ We're moving
- _____ My child is resistant to coming to therapy/uncooperative
- _____ Utilizing school services instead
- _____ Financial/insurance constraints
- _____ Lack of progress
- _____ Dissatisfaction with clinician/methods
- _____ It's too far/traffic
- _____ Other

(Please initial here) *I understand that Bright Stars Pediatric Speech Therapy Inc. will not be able to fulfill requests to write reports regarding my child three months after the last date of therapy service.*

We recommend that you request a progress report or discharge summary at the time you cancel services if you anticipate needing a report from us at any time in the future (additional fee applies).

Parent's Name (Printed)

Parent Signature

Date