



Autism Advisory and Support Service

"Empowering children with autism
and their families through knowledge & support"

Cancellation Policy

Autism Advisory & Support Service (AASS) provides this information to ensure that all clients are aware of the cancellation policy for all services provided. Clients should take care to read the cancellation policy applicable to the services they are accessing.

Within the NDIS operational guidelines, NDIS will not cover the costs associated with late, cancelled or no show appointments. Therefore cancellation fees must be paid by the client, their family or carer.

AASS will issue invoices for cancellation fees for cancelled or missed appointments. Cancellation fees need to be paid in full before or at the time of the next therapy session.

For Group Support, after 3 cancellations and/or "no shows", or where fees are in arrears, services may be suspended. For individual support, after 8 instances in one year, or where fees are in arrears, services may be suspended. When a client is a "no show", AASS Staff will endeavour to contact the client to determine if there is a problem or crisis that may require additional support. Where cancellation fees are not paid and no contact has been made to AASS, services will be terminated as per the Service Agreement.

Cancellation fees are as follows:

1. **Individual therapy (Occupational Therapy, Speech Therapy, Psychology, Music Therapy, Physiotherapy etc) - less than 24 hours' notice of cancellation \$40, failing to advise or show up for appointment \$70**
2. **Group Therapy:**
 - **Early Years Therapy Group, Social Skills Therapy Group and Music Therapy Group - less than 24 hours' notice \$20, failing to advise or show up for appointment \$35**
3. **Behaviour Support Intervention - less than 24 hours' notice \$90, failing to advise or show up for appointment \$150**
4. **Case Coordination or Specialist Support Coordination - less than 24 hours' notice \$30, failing to advise or show up for appointment \$60**

I confirm that I have read and understood this policy and agree to abide by the terms contained therein.

Participant/Participant Representative Name: _____

Signature: _____

Date: _____