CANCELLATION POLICY

If you fail to cancel a scheduled appointment within 24 hours, this hour cannot be used for another client, and you will be charged the full session fee for the time that was not utilized. I know that there can be uncontrollable circumstances (such as illness or emergency), so I will try to reschedule your appointment during that same week. I can not guarantee another time slot in the same week, but I will do my very best. If you can reschedule the appointment within the same week, then there will be no charge for the missed session.

Thank you for your consideration regarding this important matter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature (Client’s Parent/Guardian if under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist Co-Signature (validation that client was oriented to policy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date