

Cancellation / Rescheduling Policy

Cancellation / Rescheduling Policy

By consenting to this form you are agreeing to the terms and conditions outlined within:

Cancellation and rescheduling policies are an important aspect of our practice. They help us maintain a high level of service and ensure that we can accommodate all of our clients' needs. Our policy allows us to schedule appointments efficiently and effectively, which ultimately benefits our clients. It also helps us avoid last-minute cancellations and no-shows, which can be disruptive to our practice and other clients. We understand that unexpected events can happen, and we are always willing to work with our clients to reschedule appointments when necessary. However, having a cancellation policy in place allows us to provide the best possible service to all of our clients.

Please be advised that **we require a 24 hour notice of cancellation or rescheduling requests for all appointments**. This policy ensures that we are able to manage our schedule effectively and provide the best possible service to all of our clients. This policy also allows our clinicians time to offer the open appointment to another client in need of services. Please be advised that the decision to reschedule a cancelled appointment is solely at the discretion of the clinician and will be scheduled based upon the clinician's availability and client convenience.

Please note that if you fail to provide a minimum of 24 hours' notice of cancellation/rescheduling, you will be charged the FULL COST of the session. This cost may exceed any copay outlined by your insurance provider and may not be reflective of any private pay discounts provided.

Tardiness:

Tardiness of 10 minutes or less will be charged a late fee of \$10.00. **Tardiness of 15 minutes or more will result in a "no show" cancellation.**

Therapy session can be unpredictable and are likely to run behind schedule. Please give your provider a 15-20 minute window before exiting a session

No Shows:

No shows are not tolerated within our practice and may lead to immediate termination of therapy services. Client's that **no show will be charged the full cost of the session**. This cost may exceed any copay outlined by your insurance provider and may not be reflective of any private pay discounts provided.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.