



Late Cancellation and Missed Appointment Policy

CLIENT NAME: _____

The therapeutic relationship is based upon mutual respect. Part of that respect includes providing adequate notice if you are unable to keep your appointment.

As part of my practice, I keep up with the current literature, attend seminars and other professional activities. Therefore, when we meet, I am best prepared to provide you with the highest level of service. It is imperative that we keep our mutually agreed appointment unless you cancel at least 48 hours in advance. If a scheduled appointment is missed, I will not receive compensation from the insurance company, nor will I be able to insert another client into that time slot. Therefore, I charge a **\$50 fee** for the first missed appointment and **\$75.00** for every missed appointment or late cancellation (less than 48 hours) thereafter.

I understand that emergencies arise, such as serious family illness or care problems. In those situations, I will not charge for the late cancellation or a "no show". However, forgetting the appointment, conflicting activities, working late or getting called in to work will result in the missed appointment fee. This fee is expected at the time of our next appointment.

Your signature below indicates that you have read, understand and agree to these terms.

Signature of Patient/Guardian

Date

Name of Parent/Guardian (printed)

Relationship to patient: ☐ Self ☐ Parent ☐ Guardian ☐ Other