

CANCELLATION POLICY

APPOINTMENT ATTENDANCE AGREEMENT

- I understand the importance of attending therapy consistently and arriving promptly for my appointment.
- I acknowledge that I may be rescheduled if I arrive more than [15 minutes] late for my scheduled appointment.
- I understand the importance of scheduling appointments in advance and acknowledge that appointment times given one week do not automatically follow through to subsequent weeks.
- I agree to provide at least [24 hours] notice when I need to cancel or reschedule an appointment and that cancellation of less than [24 hours] or not showing up for an appointment will likely result in a cancel/no show charge of [\$50 or \$100] depending on appointment type. Mobile cancellations are \$100.