No Show, Late Cancellation and Co-payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of $50 if I fail to give at least 24 hour notice prior to cancelling my appointment.

2. I understand that I will be charged a NO-SHOW fee of $100 if I fail to show for my appointment.

3. I understand that I will be charged an additional $10 service charge if I fail to make my payment at the time of my appointment and it hasn’t been previously discussed.

4. I understand that the therapy session will last 55 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. Payment will for a full session will still apply. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

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Signature of Responsible Party

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Date