



### **Cancellation/No Show Policy**

In order to provide availability for all client's seeking services, it is essential that I receive 48 hours' notice for cancellations. **Sessions cancelled without 48 hours' notice will be charged the full session fee.** Please contact via phone call or text to cancel sessions **NOT** via email. Clients are welcome to leave a message for the therapist 24 hours per day/7 days per week, however messages are typically not returned outside of business hours.

I acknowledge being notified of this policy and agree to provide 48 hours' notice of cancellation for my session. I understand that if I fail to give at least 48 hours' notice I am responsible for paying the full fee of my session. Payment for the cancelled/no show session will be due before the next scheduled appointment and may be charged to the card that I have on file. I understand that there are no refunds for any services rendered at any time.

Client's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If client is under the age of 18:*

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Credit Card for File (\*Required)**

Name on Card: \_\_\_\_\_

CC Number: \_\_\_\_\_

**Please circle:** Visa/Mastercard/Amex/Discover or Other \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security code: \_\_\_\_\_