

CANCELLATION POLICY

Your appointment time is reserved exclusively for you. It is our policy to charge a full session fee for all appointments for which you do not show up or for which cancellation is not made within 24 hours of your scheduled appointment.

However, we do request that you exercise due diligence and contact our offices within 24 hours of realizing a cancellation is necessary.

I agree to this policy as stated above and authorize that the credit card named above will be charged at the full

session hourly rate.

Signature _____ Date _____