

No Show, Late Cancellation 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 $50 if I fail to show for my appointment.

3. I understand that I will be charged a $10 service charge if I fail to make my payment at the time of my appointment.

4. I understand that the counseling session will last 50 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this counselor.

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Signature of Responsible Party

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Date