

# ***Serenity Counseling LCSW PLLC***

***20 Medford Avenue Suite 109***

***Patchogue, New York 11772***

***Phone 704-458-3025***

***fpredarrow1@gmail.com***

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Due to the high volume of clients who request counseling services and the importance of attending all scheduled visits, the following guidelines exist regarding cancelled and no-show appointments.

## **Cancellation & No Show Policy**

1. Clients must notify therapist at 704-458-3025 **at least 24 hours** prior to their scheduled appointment if they need to cancel an appointment.
2. Clients who do not call **at least 24 hours** prior to their scheduled appointment and/or fail to show up for a scheduled appointment will be considered a “no-show.”
3. Clients who “no show” will be charged a \$95 fee, payable immediately.
4. Clients with **3 or more** no-shows or cancelled appointments within a 12 month period will be reviewed by the provider and may be discharged from the practice due to non-compliance with the treatment plan.

Your cooperation is greatly appreciated.

**I understand these policies as stated above.**

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Print name

Date

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Sign name

Date