

NIA COUNSELING & FAMILY SERVICES, PLLC

WHERE CULTURE, MEETS CARE



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Niafamilylife@gmail.com



Www.NiaFamilyLife.com

Attendance Policy

Client Name: _____

Date: _____

Thank you for choosing Nia Counseling and Family Services, PLLC for your mental health care. To provide the best possible service to all our clients, we have established the following attendance policy. Please read the policy carefully and sign below to acknowledge your understanding and agreement.

Attendance Expectations:

Regular attendance is essential for effective therapy. We ask that you commit to attending all scheduled sessions to ensure consistent progress in your treatment.

Missed or Canceled Sessions:

- If you cancel **more than two (2) sessions** within a calendar month or consecutively, we will need to have a conversation about adjusting your schedule to better meet your needs.
- If you cancel a **third (3rd) session** within the same month or consecutively, you will be moved to an "on-call" status. This means you will no longer have a reserved spot in the schedule. You will need to call our office during the week you wish to attend and check for availability.

No Call No Show Policy:

- A no-call, no-show is **defined** as failing to attend a scheduled session without prior notice or canceling less than **24 hours before** the appointment.
- If you no call no show **2 sessions within a calendar month** or consecutively you will be moved to an on-call status.
- A **third no call no show** within a calendar month or consecutively will result in discharge from services.

On-Call Status:

- As an on-call client, you are welcome to inquire about open appointment times, but we cannot guarantee availability.
- Please note that on-call clients do not have reserved or recurring appointment slots.

Cancellation and No-Show Fees:

- Cancellations must be made at least **24 hours in advance** of your scheduled session.
- If you cancel with less than **24 hours' notice** or do not show up for your session, you will be charged half the session fee unless you provide verifiable documentation of an emergency (such as a medical emergency or an unexpected situation beyond your control)

Emergency Exceptions:

- We understand that emergencies happen. If you need to cancel due to an emergency, please provide verifiable documentation (e.g., a doctor's note, accident report, etc.) to avoid the late cancellation fee.

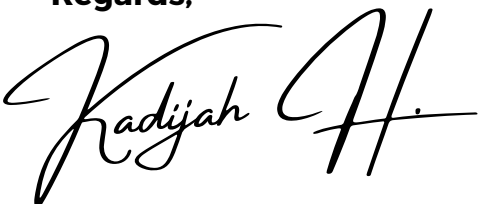
Payment of Fees

- All cancellation or no-show fees must be paid before the next scheduled session. Failure to pay these fees may result in suspension of services.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

CLIENT SIGNATURE _____ DATE _____

Regards,

A handwritten signature in black ink, appearing to read "Kadijah H.", with a stylized flourish at the end.

Kadijah Harris, LCSW

Outpatient Therapist