## Late & Cancellation Policy

If you are going to be late for your appointment, it is your responsibility to contact your therapist to discuss. If you are more than 15 minutes late and have not communicated with therapist, you will be asked to reschedule and you are responsible the entire cost of the session.

If you are unable to attend an appointment, we request that you provide at least 24 hours advanced notice to our office. If your appointment is cancelled with less than 24 hours notice, please be aware that you will be billed for the entire cost of your scheduled appointment, unless such cancellation is due to illness or an emergency.

Fees for cancellation are as follows:	
Individual session \$100 Family session \$130 per 50 min / \$160 per 90 min	
We appreciate your help in keeping the office schedule runni	ing timely and efficiently.
Client Signature (Client's Parent/Guardian if under 18)	Date
We require all clients to keep a credit card on file. Your card scheduled session each date of service. Your card will be chawithout proper notice.	
If your card is declined, you will need to replace it immediat hold until your account is current.	tely and future sessions will be placed on
Last 4-digits of the card to be kept on file:	
Your signature gives us authorization to charge your card 24	hours prior to your scheduled appointments
Signature	Date
Client's name	

Please complete this form and return via email to <a href="mailto:info@akobencounseling.com">info@akobencounseling.com</a> prior to your scheduled appointment.