

**DECLARATION OF AGREEMENT REGARDING MISSED
AND/OR CANCELLED APPOINTMENTS**

I am aware that doing the work to help change things in my/our lives is not easy. I/We must be consistent in doing the work.

If you miss 1 appointment there may be a possibility that you may be placed on the waiting list. If you miss 2 appointments, you will be placed on a waiting list.

If you do not show or call You will be charged a \$25 missed appointment fee that you will be responsible to pay before your next scheduled appointment.

{Please initial the blank lines below before each statement acknowledging your understanding}

_____ If I need to cancel my appointment, it is my responsibility to notify my Therapist at {909} 385-3185 (call, voice-mail or text).

_____ I understand that if an emergency arises that causes me to miss my appointment, that I will call and notify my Therapist immediately to inform her of the emergency event and to schedule the next appointment.

_____ I understand that if I no-show for my appointment and do not call to notify my Therapist I will be charged a \$25 dollar missed appointment fee that I have to pay before the next schedule session. The fee will be my responsibility not the responsibility of my insurance company.

Client Signature/Date

Print Name

Witness Signature/Date