

Positive

Mind

Therapy



No Show and Late Cancellation Policy

1. I understand that I will be charged a LATE CANCELLATION fee of (25% of total fee for 1st offense, 50% of total fee for 2nd offense, 100% of total fee for 3 or more offenses) 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 (25% of total fee for 1st offense, 50% of total fee for 2nd offense, 100% of total fee for 3 or more offenses) 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 and/or co-payment at the time of my appointment.

4. I understand that the therapy session will last 45-50 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 therapist.

Signature of Parent/Guardian or Client if 18 or older

Date