



GOODWIN COUNSELING SERVICES LLC

Practice Information

Goodwin Counseling Services LLC

760 Central Street, Unit #3 Franklin, NH 03235

goodwincounselingllc@gmail.com

(802) 523-3517

CANCELLATION & NO-SHOW POLICY

Cancellations & Missed Appointments

Since your appointments involve the reservation of time specifically for you, and out of respect for your therapist and our other clients, a minimum of **24 hours' notice** is required for rescheduling or canceling an appointment.

If you know you will miss an appointment, please notify the office as soon as possible by calling or messaging the main number **(802) 523-3517**.

Fees

- **Late Cancellation (less than 24 hours' notice): \$80**
- **No-Show (missed appointment without notice): \$80**

Insurance companies do not reimburse for missed or late-cancelled sessions. Fees will be charged to the payment method on file.

When Fees May Be Waived

The only exception to this cancellation policy is in the event of a serious or contagious illness or emergency. We offer one courtesy waiver once every six months. Some examples of emergencies are car accidents, deaths in the family, or extreme illness. Work issues do not constitute emergencies. This cancellation policy also applies even if missing the appointment was an unintentional act.

In the event of unsafe weather, we can conduct the session on the phone or via video (individual counseling). If both parties in a couple cannot attend, consider having one come alone instead of cancelling altogether and wasting the slot. Phone or video sessions are paid up-front in advance of the session.

Arrival Time

Please arrive on time. If you arrive more than **15 minutes late**, the session may be considered a no-show and the **\$80 fee** will apply. Both client and therapist have a **15-minute grace period**.



Frequent Cancellations or No-Shows

A pattern of missed or late-cancelled appointments (e.g., **three or more within six months or two consecutive**) may result in termination of therapy. Recurring appointments remain scheduled unless canceled with proper notice. Therefore, please call the office if you choose to cancel that appointment to avoid a second No Show/Late Cancel charge of \$80. A voice mail is sufficient, as messages are date- and time-stamped. The recurring appointment will be removed after the second consecutive No Show/Late Cancel.

Reminders

Appointment reminders by text or email are a courtesy only. You are responsible for tracking and attending all scheduled appointments and for keeping your contact information up to date.

Medicaid Clients

Late cancellation and no-show fees cannot be charged to clients with Medicaid. However, because missed sessions prevent the therapist from offering the time to another client, a pattern of missed or late-cancelled appointments (**three or more within six months or two consecutive**) will result in discharge and referral to another provider. Clients who are unable to commit to regular attendance are encouraged to seek services elsewhere.

Important Note

Therapy should be viewed as any other important medical appointment would be viewed. While it is a time commitment, this is for your personal betterment and consistency is key in order to achieve this. If the therapeutic relationship is terminated pursuant to this policy, your case may be reopened at any time should you so choose. However, you may be placed on a waiting list if there are other clients waiting to use your time slot. This is standard practice with most therapy agencies and private practice offices.

ACKNOWLEDGMENT & CONSENT

By checking the acknowledgment box below, you confirm that you have:

- Read and understood this document
- Had the opportunity to ask questions
- Agreed to CANCELLATION & NO-SHOW POLICY

Date: _____

Patient Name Printed: _____

Patient Date of Birth: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: _____