No Show, Late Cancellation and Co-payment Policy

1. I understand that I will be charged a LATE CANCELLATION fee of $40 if I fail to give at least 24 hour notice prior to cancelling my appointment and a LATE CANCELLATION fee of $80 if I fail to give at least 12 hours notice.

2. I understand that I will be charged a NO-SHOW fee of $80 if I fail to show for my appointment.

3. I understand that I will be charged a $20 service charge if I fail to make my payment and/or co-payment at the time of my appointment, unless discussed before the session.

4. I understand that these charges are an out of pocket expense.

5. 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.

6. I understand that if I have an In-Home service appointment, my sessions will be shorter, or my per-session rate will be higher, based upon prior agreement.

7. I understand that if I have an In-Home service appointment, and after 15 minutes I do not answer the agreed-upon method of contact it will count as a no-show, and the full no-show fee will apply.

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Signature of Responsible Party

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Date