

No Show/ Late Cancellation Policy

This office has a No Show/ Late Cancellation Policy for the respect both of the therapist and other clients. Not showing up to an appointment or canceling an appointment last minute may prevent another clients from having the opportunity to use that time. Please respect that other clients may want the time that you are not able to attend, and allow the therapist to have the time necessary to make those arrangements. Should you no show or cancel an appointment in less than 24 hours you will be charged a fee of \$50.00. Please remember to cancel your appointment in advance and be respectful of others time as this office is respectful of yours.

I, _____, have read and understand the No Show/ Late Cancellation Policy. I understand that if I do not show up to a scheduled appointment or if I give less than 24 hours notice to cancel an appointment that I will be charged a fee of \$50.00.

Signature

Date