

CANCELLATION POLICY

Once an appointment session is scheduled, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation (week-ends do not apply). This policy is representative of the industry standard for doctors within the counseling and psychotherapy professions. You will find that treatment progresses best and produces long lasting change when appointments are regular and consistent.

The Undersigned agrees and authorizes to charge my credit card account for any and all unpaid balances remaining outstanding, as well as for any scheduled appointments that have been cancelled, broken, "no-showed" without the 24-hours (week-ends do not apply) prior advanced notice.

I have read, understand, and agree with the Cancellation Policy.

PRINT YOUR NAME

SIGNATURE

DATE

NOTES: Please also complete the Credit Card Payment Authorization Form.