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# POLICY ON

# CANCELLATION OF APPOINTMENTS

I require all patients give a **full 24 hour notice of cancellation** if they are going to miss an appointment. Failure to do so will result in a charge of the full fee or contracted rate (insurance). If I can reschedule you during the same week, then I will do so without requiring you to pay for the cancelled session.

I recognize that unforeseen events or emergencies (i.e., doctor's appointments, work-related activities, childcare issues, car problems, etc.) may preclude you from adhering to the 24 hour cancellation policy. Therefore, I will waive this policy one (1) time per calendar year as a courtesy to you.

Thank you for your understanding and cooperation in this manner.

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I acknowledge that I have read and understood this cancellation policy.

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Signature Date