

## **POLICIES**

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are in

**CANCELLATION POLICY:** 24 hour advance written notice is required when canceling an appointment. Please text me or email me at the contact information provided below. This allows the opportunity for someone else to schedule an appointment. If you are unable to provide 24 hours advanced notice, you will be charged a \$35.00 processing fee. This amount must be paid prior to your next scheduled appointment.

**RESCHEDULING**: If you must reschedule, give me at least 24 hours written notice, to avoid paying a \$35.00 processing fee.

**NO-SHOWS:** Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" session.

**SAME DAY BOOKINGS:** are considered confirmed and will be charged.

**LATE ARRIVALS:** If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of length of treatment actually given, you will be responsible to pay for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

**REFUNDS**: If you purchase a session or a package, and prior to its occurrence you change your mind, desiring a refund, a \$35.00 processing fee may apply. No refunds after a session is performed.

**CONTAGIOUS CONDITION:** if you have a contagious condition, please contact me prior to your appointment, *the morning of the appointment at the latest*. You will not be charged if the session is re-scheduled within the same week. If you arrive at your appt. with a contagious

| Consenting Signature: | have read and agree to honor the policies on this page. |
|-----------------------|---------------------------------------------------------|
| (printed name)        |                                                         |
| Signature:            | Date:                                                   |