

Late Cancellation & Missed Appointment Policy

Once you schedule an appointment with me, that time is reserved exclusively for you. In order to successfully operate my practice, I need to be able to rely on these therapy appointments. Therefore, I have established the following policy for missed and canceled appointments.

For any appointment that is missed or canceled with less than the required 24 hour notice, no matter what the reason, clients will be charged the fee that I would have billed for that session, as shown below. Also, keep in mind that missed or late canceled appointments are not covered by your health plan and cannot be billed to your insurance company.

Initial Evaluation \$200	Family Consults \$120	Phone calls 10 minutes or more \$130 hour, prorated
Individual Therapy 60 Minutes \$150	Individual Therapy 45 Minutes \$130	Legal reports \$200/hour
Couple or Family Therapy \$175	Individual Therapy 30 minutes \$100	Court appearances \$250/ hour plus expenses, 4 hour minimum paid in advance
Group Therapy \$50		

I realize that on infrequent or rare occasions an event may occur in your life that requires the canceling of your scheduled appointment with less than the required 24 hours. Such cancellations may be the result of a sudden illness in yourself or family member, the untimely breakdown of your automobile or an employer requiring you to stay late at the office. I will do my best to offer you a timely rescheduling of your appointment. Nevertheless, keep in mind that regardless of the understandable reason for cancellation, you will still be charged for the time I have reserved for you.

The only exception to this policy is for cancellation in severe weather. If the driving conditions are such that you do not feel safe driving to my office, please call me as soon as possible. If you call me and we confirm your cancellation due to inclement weather, the cancellation fee will be waived. If you do not call, regardless of weather conditions, you will still be charged.

We have tried to make this information clear and understandable. Should you have any additional questions, please discuss them with me.

I have been informed of the policies and procedures at Harborside Counseling Services.

*Signature: _____ Date: _____