

APPOINTMENT POLICY

When engaged in counseling, continuity is vital to success. Frequently cancelling, arriving late, or inconsistently scheduling sessions can impact your progress. As a mental health service provider, I do my best to accommodate your schedule and offer suitable times for us to meet for sessions. Our work together is a joint effort. Your cooperation in keeping appointments is critical to your success. Below is the attendance policy for _____
(*practice name*).

1. To schedule appointments, please call _____ (*phone number*).
2. I require a minimum of 24 hours' notice for changes or cancellations of appointments. If you do not cancel with a minimum of 24 hours, you will be responsible for fees accrued.
3. Please contact me as soon as you are aware you need to cancel (*within the minimum of 24 hours*).
4. If you are late for an appointment, the appointment will still end at the scheduled time.
5. If you cancel or do not show up for two consecutive appointments, you will receive notice that your session time may be made available to other clients. In this case, call me to schedule a time suitable for you.

I look forward to working with you.

Therapist's Name: _____ Date: _____

I have read and understand the above terms. All of my questions and concerns have been discussed.

Client's Signature: _____ Date: _____

Client's Printed Name: _____