



**Late Cancellation and Missed Appointment Policy**

At Hope & Healing Counseling Services, each of the clinicians sees a fixed number of clients each week. Once you schedule an appointment with one of the therapists, that time is reserved exclusively for you. In order to successfully operate our clinical practice, we need to be able to rely on these therapy appointments. Therefore, we 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 Hope & Healing Counseling would have billed for that session. Also keep in mind that missed or late cancelled appointments are not covered by your health plan and cannot be billed to your insurance company. The fees will be as listed below:

- Individual Therapy                      \$75
- Couple or Group Counseling      \$100

We 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 members, the breakdown of your automobile or an employer requiring you to stay late at the office. We will do our best to offer you a timely rescheduling of your appointment. Nevertheless, keep in mind that regardless of the understandable reason for cancellation, you can still be charged for the time we 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 our office, please call as soon as possible. If you call us and we confirm your cancellation due to inclement weather, the cancellation fee will be waived. If you do not call, regardless of the 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 your therapist.

I have read the above information and have been informed of the policies and procedures above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_