

# Abella Counseling, LLC

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## Cancellation and No-Show Policy

Our goal is to provide support to you and/or your family in any way we can. We understand your decision to begin treatment may have been a difficult one to make. We are eager and dedicated to working with you and will make a commitment to treat you with respect. It is important that you review and ask questions about the following policies which enable us to provide services to you and/or your family.

- We ask that you make a commitment to treatment by attending scheduled appointments and arrive time.
- If you must miss an appointment, please contact Abella Counseling, LLC at least **24 hours** in advance.
- Appointments that are **not** canceled at least 24 hours in advance are considered "NO SHOWS," and will be charged a co-payment.
- The co-pay amount for missed appointments is 50% of the standard fee for the service and will be billed to you via an invoice by mail.
- Clients who miss **2** scheduled appointments within any **6 week period** may be discharged from services being received. Exceptions to this policy are emergencies or unavoidable circumstances as determined by the outpatient service provider.
- If it is necessary to close your case, a letter will be sent to your last known address advising you that your case has been closed. The letter will also provide you with additional resources.

I, \_\_\_\_\_, have read the **Cancellation and No-Show Policy** and agree to attend scheduled appointments for myself or my dependent.

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Please select one.  Client  Guardian Signature

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Date