



Tiffany Thibodeaux, LPC, NCC, RPT

Professional Counselor for Adults & Adolescents

Cancellation Policy

If you need to cancel or rescheduled your appointment, you must notify our office by calling (225) 402-9167 or emailing appts@tiffanythibodeaux.com, 24 hours before your scheduled appointment time. I only see 6 to 7 clients a day and often have a waiting list for new patients and clients who are looking for opportunities to reschedule to a different time. Notifying me of your intention to cancel or reschedule an appointment 24 hours in advance gives me an opportunity to offer your time slot to another client. You will never be charged for appointment cancellations and rescheduled appointments when you notify our office at least 24 hours in advance.

- **Cancellation and Rescheduled Appointments WITHOUT Notification at Least 24 hours:** If you contact our office to cancel or reschedule your appointment without giving us 24 hours' notice, you will be required to pay the full cost of the private pay session (\$100 for individuals and \$125 family or couples). Charges for Missed/Cancelled Appointments are NOT covered by insurance are the sole responsibility of the client.
- **Missed Appointment/ No Show for Appointment:** If you do not show up for your scheduled appointment, you will be required to pay the full cost of the private pay session (\$100 for individuals and \$125 family or couples). If you have not contacted our office, all future appointments will be cancelled and new appointments will not be booked until all fees are paid in full.
- **Late Arrivals:** If you notify me that you will be late for your appointment by phone or email, I will wait for you. Your session will still end at the scheduled time, and you will be charged for the full amount. I will wait for you for 15 minutes and then assume you are not attending your appointment. At that time, I may move another client's appointment up, or may leave the office. In such a case you will be charged the full cost of a session.

Exceptions to this policy are only given for extreme emergencies and at our discretion.

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Name on Card _____			
Card # _____			
Expiration _____	3 Digits _____	Zip Code _____	
Email Address for Receipts _____			
<input type="checkbox"/>	Optional: By Initialing here I choose to keep a credit card on file and authorized Tiffany Thibodeaux, to charge the above credit card for session fees as they occur.		

By Signing below I have read and agree to comply with the 24 Hour Cancellation Policy and authorize my card to be charged as listed in the Cancellation Policy.

Signature _____ **Date** _____