



Tiffany Thibodeaux, LPC, NCC, RPT

Professional Counselor for Adults & Adolescents

Cancellation Policy

All clients are required to have a completed and signed cancellation policy with a credit card, on file to book appointments with my office. 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 to avoid being charged a cancellation fee.

- **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 Arrival:** 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. If you are late for your appointment and do not notify the office, 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.
- **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.

Exceptions to the policy are only given for 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 _____	Security Code _____	Zip Code _____	
Signature _____		Date _____	
<input type="checkbox"/>	Optional: By Initialing here I choose to keep this credit card number on file and authorize Tiffany Thibodeaux to charge sessions 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 above.

Signature _____ Date _____