

CANCELLATION POLICY

I expect you to attend and be on time for all scheduled appointments. If you do not show up for your scheduled therapy appointment, and you have not notified me at least 24 hours in advance, you will be required to pay the full cost of the session (\$100.00). I understand that emergencies arise so, if you need to re-schedule or cancel an appointment, please notify me as soon as possible. No other appointments will be scheduled until all past due accounts have been reconciled.

I commit to attend and also be on time for every appointment we have scheduled. If I do not show up for a scheduled session and have not provided you with the same 24 hour notice, our next session will be free.

Thank you for your consideration regarding this important matter.

Client Signature

Date

Jonathan Morgan, LPC-MHSP