

CANCELLATION AND NO-SHOW POLICY

I am committed to the quality of your treatment, therefore I have enacted this policy to assure that *you and* the rest of my clients receive the best possible care.

I require 24 hours notice for any cancellations. *You will be charged in full for no-shows and cancellations with less than 24 hours notice.* Emergencies due to weather or illness will be decided on a case-by-case basis.

(If you are cancelling at the last minute due to an emergency please call both my office 610-696-4443 and my cell 484-947-6436 rather than simply e mail.)

When you cancel an appointment without 24 hour notice or do not arrive for your scheduled appointment three people are affected:

You, because you do not make the progress you could

Another client who could have been scheduled during your unused hour

Me, the therapist, whose time is compromised.

Your signature below indicates that you have read, understand, and will comply with this cancellation and no-show policy.

Patient's Name

Signature of patient or legal guardian

Date