

CANCELLATION POLICY

Feelings Forward Mental Health Counseling, PLLC

NO SHOW/LATE CANCELLATION (CHARGE IS THE COST OF ONE FULL SESSION)

CANCELLATIONS AND MISSED APPOINTMENTS

The client is expected to attend each scheduled session on time. A cancelled or delayed appointment delays our work and can negatively impact other clients. Since your appointments involve the reservation of time specifically for you, and out of respect for your therapist and other clients, a minimum of 24 hours' notice is required for rescheduling or canceling an appointment, (Monday through Friday only, this policy excludes weekends.) I would appreciate more than 24-hour notice, if possible, as I can then make that time available to other clients. Therefore, if you should know before the required 24-hour notice that you will not be able to attend our session, send an email to daniellelmhc21@gmail.com so that I have time to fill your slot and can put another client in your space that may need it. The more time, the better for the therapist and other clients who are in need.

A late cancel or no-show appointment hurts at least three people: you, your therapist, and another client who could have potentially utilized your time slot. Therapy sessions are scheduled in advance and are a time reserved exclusively for my clients. When a session is cancelled without adequate notice, we are unable to fill this time slot by offering it to another current client, a client on the wait list, or a client with a clinical emergency.

WHEN THE NO SHOW/LATE CANCEL FEE IS WAIVED

The only exception to this cancellation policy is in the event of a serious illness, hospitalization, or an emergency. I offer one grace for these purposes every three months. Some examples of emergencies are car accidents, deaths in the family or extreme illness. Work and school issues do not constitute emergencies. This cancellation policy also applies even if missing the appointment was an unintentional act. If this is a couples' or family therapy session and both parties cannot attend, consider having one come alone instead of cancelling altogether and wasting the slot.

FREQUENT CANCELLATIONS OR MISSED APPOINTMENTS

Frequent cancellations (3 or more in 3 months or 2 consecutive) and/or missed appointments (no show) will result in the termination of treatment. If you have arranged with me to have recurring appointments, the next recurring appointment will stay in the calendar. Therefore, email me if you choose to cancel that appointment to avoid a second no show/late cancel charge of a full session. An e-mail is sufficient as they are date and time stamped and can be documented. The recurring appointment will be removed after the second consecutive no show/late cancel.

Although Feelings Forward Mental Health Counseling, PLLC/Danielle Deramo may send you text or email reminders about upcoming appointments, this is done as a courtesy and only if you

consent to receive such communications by providing me with your email address and cell number. It remains **your** sole responsibility to keep track of and timely attend all scheduled therapy appointments, whether or not you receive the text or email reminder. It is your responsibility to inform me if your phone number or email has changed. After 2 consecutive cancellations or no shows, you will not be able to schedule another appointment and will be referred to another provider.

FEES FOR NO-SHOWS & LATE CANCELLATIONS

No-Show Fees: Anytime you fail to attend a scheduled appointment without giving appropriate prior notice of cancellation, **you will be charged the cost of a full session for the no show session**. The credit card information or other payment information you previously provided will be used to process this payment. By providing me with your credit card information or booking an appointment, you consent to this policy. Multiple no-shows will result in the termination of therapy.

Late Cancellation Fees: Any session that is missed by canceling less than 24 hours in advance **will be charged the cost of a full session**. You will be charged even if the cancellation is work or school related and even if you rescheduled the appointment. The credit card information you previously provided will be used to process this payment. By providing me with your credit card information or booking an appointment, you consent to this policy as well as any fees incurred to your payment method. Repeated late cancellations (more than two) may result in the termination of therapy. Multiple no-shows will result in the termination of therapy.

You should note that insurance companies generally do not reimburse for missed appointments.

HOW 24-HOUR NOTICE WORKS

A fee of **the cost of a full session** will be charged when you miss or cancel an appointment without giving **24 hours advance notice**. This means that if an appointment is scheduled for 3:00 pm on a Tuesday, notice must be given by 3:00 pm on Monday **at the absolute latest**. **Note that if** your appointment is on a Monday, the cancellation needs to be provided no later than the prior Friday, (weekends are not acceptable) by your appointment time, to be considered proper 24-hour notice. You can cancel your appointment by emailing daniellelmhc21@gmail.com.

WAIT TIME/GRACE PERIOD

Your wait time is kept to a minimum. Due to the length of time provided for each appointment, it is critical that you arrive on time for your appointments. **If you are 10 minutes late to your appointment, I will have no choice but to reschedule your appointment and you will be responsible for the cost of a full session fee as this will be considered a no show**. To avoid paying no show fees, we require at least twenty-four (24) hours' notice for all cancellations (as described above). Client has a grace period of 10 minutes.

Additionally, please understand that therapy should be viewed as any other important medical appointment would be viewed. While it is a time commitment, this is for your personal betterment and consistency is key in order to achieve this. If the therapeutic relationship is terminated pursuant to this policy, your case may be reopened at any time should you so choose. However, you may be placed on a waiting list if there are other clients waiting to use your time slot. This is standard practice with most therapy agencies and private practice offices.

THANK YOU!

You are valued as a client and I hope to help you with your future endeavors; however, I can only accomplish this with your understanding of your obligations set forth in this policy and consistency with treatment. Thank you for your understanding. I look forward to beginning this therapeutic journey alongside you!

Client's name (printed)

Client's signature

Parent or guardian's signature (for minors)