

Please read and sign the following statement regarding our cancellation policy:

As we value each client and want to establish a caring and beneficial relationship with you, we ask that you respectfully value your time with us here as well. We understand that unanticipated events happen occasionally in everyone's life and in our desire to be effective and fair to all clients, the following policies are honored:

Due to habitual missed appointments, there may be a missed appointment fee charged to you, the client. We regret any inconvenience but missed appointments and cancellations not given **24 hour advance** have caused an inconvenience for our staff, as well as another client that could be scheduled at that time. If you are unable to give us 24 hours advance notice, you will be charged **a flat rate of \$30**. This amount must be paid prior to your next scheduled appointment.

In the event of a **no-show**, anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged **a flat rate of \$30** for their "missed" appointment as well.

Thank you for your cooperation.

Print Name _____

Signature: _____

Date: _____