

812-D S. Garfield Avenue Traverse City, MI 49686 (231) 660-1017 www.ThePathToPartnership.com

Partner Signature

Cancellation Policy Agreement

These cancellation policies are standard in the mental health field and will be strictly enforced. On occasion, there will be understandable reasons for missing appointments, but exceptions to this agreement will be rare.

Reason for these policies: Notifying me of your intention to cancel or reschedule 24 hours ahead gives me a chance to schedule someone else for that time slot. As much advance notice as possible is always appreciated.

Please make any cancellations using the following contact information:

MORE than 24 hours in advance email <u>Caren@ThePathToPartnership.com</u>
LESS than 24 hours in advance phone 231.660.1017 and leave a text or detailed voice message

You will *never* be charged if a cancellation is made MORE than 24 hours ahead of your scheduled appointment time.

- * Cancelling with LESS than 24-hour notice: you will be charged for the missed appointment.
- * Not showing for a scheduled appointment: you will be charged for the missed appointment.
- * **Arriving late with notification:** If you notify me, even a few minutes ahead of time by texting the number above, your appointment time will be held for you giving you the time which remains in that session. As long as you arrive within your scheduled time, you will not be charged for a missed appointment.
- * **Arriving late without notification:** I will wait for you for 15 minutes. After that time, I will assume you are not coming and I may leave the office. In such a case, *you will be charged for a missed appointment.*

NSF Check policy: Bounced checks will be subject to a returned check fee of \$30. See website for details.

If you have any questions about these poli	icies discu	uss them with me	e prior to the st	art of us working togetl	ıer.
I have read, understand, and agree to abi	de by this	agreement.			
I authorize a charge to my card in cases o	of missed	sessions for mys	elf and/or my	partner	
I authorize a charge to my card in cases o	of NSF che	ecks.			
Credit/Debit Card Number		Exp. Date	Code	Billing ZIP	
Print Name (as it appears on card)					
Signature	Date				

Date