



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

Cancellation Policies

These cancellation policies are standard in the medical and mental health fields and will be strictly enforced. On occasion, there will be understandable reasons for missing appointments, but exceptions to this policy 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. Otherwise, I may not get your notification promptly and will consider it a late cancellation:

MORE than 24 hours in advance email Caren@ThePathToPartnership.com

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 calling or texting the number above, your appointment time will be held for you giving you the time which remains in that hour. *As long as you arrive within your scheduled hour, 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.*

Pre-payment: Occasionally, clients choose to pre-pay for sessions. No-show appointments will be deducted from your remaining balance. If you fail to schedule (or reschedule) a pre-paid session, your payment may be forfeited 45 days after last contact. Exceptions to this policy are rare.

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 policies discuss them with me prior to the start of us working together.

Please sign below to indicate you have read, understand, and agree to abide by these policies, and authorize a charge to your credit card in cases of missed or late appointments and NSF checks.

Credit/Debit Card Number

Exp. Date

Code

Billing ZIP

Print Name (as it appears on card)

Signature

Date