

New Life Counseling Center, PLLC

Appointment Cancellation Policy Agreement

New Life Counseling Center is committed to providing exceptional care. In order to do that, it is important that you attend your regularly scheduled visits. Unfortunately, when one patient cancels without giving enough notice, they prevent another patient from being seen. **Please call us at 336-793-7005 no later than 24 hours in advance of your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office no later than 2:00 p.m. on Friday (more notice is even better—please call us as soon as you know that you won't be able to make it!).**

- If **for any reason** prior notice is not given, you will be charged \$100 for the missed appointment (\$20 for interns).
- You should also be aware that you will have to pay the full fee out-of-pocket. Insurance won't pay for missed appointments.
- If you have a credit card on file, we will debit the card for the missed session fee otherwise you'll be billed. Is it ok to hold a credit card on file for this purpose and to expedite your check-in for future appointments (encrypted format)?: _____yes _____no
(Please initial) (unpaid fees can effect your ability to schedule)

If "no" why not? _____

Repeated violations of the cancellation policy may result in termination of the therapeutic relationship or the client being moved to a same-day scheduling status. Excessive cancellations **with sufficient notice** may result in you losing your "standing appointment" status. Please only schedule appointments that you plan to keep. If you aren't sure if you can make it, please give us a call when you are clear about your schedule and we will do our best to work you in.

Cancellations on the interns schedules can result in them not getting sufficient hours to keep their internship with New Life Counseling Center, not passing their internship class and/or could keep them from being able to graduate on time.

I have read this statement and it has been thoroughly explained by:

Therapist Name

All questions have been answered to my satisfaction and I have received a copy for my records. I understand and agree to the cancellation policy.

Client Signature (Client's Parent/Guardian if under 18)

Print Client Name (Client's Parent/Guardian if under 18)

Date