

# Therapy Cancellation Policy

Client name:

Appointment date:

Appointment time:

## Cancellation policy

1. Notice Period: Clients are required to provide a minimum of \_\_\_\_\_ hours of notice prior to canceling or rescheduling their appointment.

2. Late Cancellation Fee: Failure to provide the required notice will result in a late cancellation fee of \_\_\_\_\_ being charged to the client's account.

3. Exceptions: In cases of emergency or unavoidable circumstances, we understand that cancellations may be necessary without sufficient notice. Please contact us as soon as possible to discuss your situation.

4. Rescheduling: Clients are encouraged to reschedule their appointments rather than canceling whenever possible. We will do our best to accommodate rescheduling requests, subject to availability.

5. No-Show Policy: Failure to attend a scheduled appointment without prior notice will result in a no-show fee of \_\_\_\_\_ being charged to the client's account.

## Client agreement

I, \_\_\_\_\_, acknowledge that I have read and understood the cancellation policy outlined above. I agree to abide by these terms and understand that failure to do so may result in fees being applied to my account.

Signature:

Date: