

If I fail to cancel a scheduled appointment at least 48 hours in advance, I understand that an ***automatic*** charge of the full session fee will be made for the missed appointment and added to my fee during the next scheduled session.

If I fail to make payment within 7 days of the missed appointment, I understand that the fee will be charged to the credit card number provided. I understand that I will be responsible for this fee as insurance does not pay for missed appointments.

If I fail to attend two consecutively scheduled sessions without notifying JoAnn Abdo, she may assume that I wish to terminate services. I will be notified in writing that services have been terminated. I also understand I may loose my established appointment time.

I understand that I may terminate services at any time by notifying JoAnn Abdo, MSW, LCSW, ACSW.

Client Name (Printed)

Client Signature

Date

Therapist Signature

Date