AMMIRATI COUNSELING

Empowering Your Relationships

2211B Lakeside Drive
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Late Cancellation/No Show Policy

Ammirati Counseling will charge a full fee for any cancellation that is less than 48 hours from the start of your scheduled appointment. We consider an appointment a reservation of time for you. We are unable to offer your reserved time to another client without proper notification from you. Therefore, if an emergency arises, please notify your therapist as soon as you are able. Out of consideration for our time, and for other clients who are trying to meet with their therapist, we ask for a 48 -hour notice. We understand that an unforeseen emergency can arise, unexpectedly, which can interfere in your ability to keep the appointment. In that rare case we will waive the charge. However, the policy applies to situations that occur more than once and situations that do not constitute an unforeseen emergency. We also understand that illnesses occur, and we ask that you plan accordingly if you are feeling unwell please try to notify your therapist, as soon as possible.

Please note: **if you are planning on using your insurance for sessions, your insurance policy does not cover charges for missed sessions.** You will be responsible to pay the full fee for an individual session of $150.00; $175.00 for a single couples' session and $275.00 for an extended couples' (90+ minute) scheduled session.

By signing below, I agree to and understand that I will be charged a full fee for any late cancelation or no show. I understand this will be charged to my credit card on file. I also understand that a pattern of late cancellations or no shows will result in a discussion with my therapist about the ability to commit to the therapeutic process and may result in termination of the therapeutic relationship.

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Printed Name(s)

_______________________________________ _________________

Client's Signature Date

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Partner's Signature (for couples therapy) Date

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Printed Name of Parent/Guardian

_______________________________________ _________________

Parent/Guardian Signature Date