



Cancellation/Reschedule Policy

(for in-person/phone appointments)

NAME: _____

A 24 hour notice is required for all cancellations or rescheduled appointments.

If our office is not notified of a change prior to 24 hours before your appointment, you will be charged the full price of your session.

If you reschedule the same appointment more than once, you will be charged double for that session.

These fees will be charged to your credit card if we have one on file, otherwise they will be billed to your mailing address and due upon receipt.

By signing below, you acknowledge an understanding of the above policies and agree to be subject to them.

Signature: _____

Date: _____