

NOTIFICATION OF CANCELLATION POLICY

This cancellation policy is intended to reflect and support the nature of the psychotherapeutic work. When we enter into psychotherapy together, you and I will reserve and commit to a particular time or times each week. For us to be able to effectively do the work of healing and change, you need to be able to rely on me to be consistent in my emotional presence, and I need to be able to rely on you to provide a consistent financial resource that allows me to comfortably hold a place for our work each week. I expect that you will need to cancel on occasion. As such, I have established this policy as follows:

- For each session you need to miss, my first preference would be for us to reschedule the appointment.
- If rescheduling is not possible or right for you, I will charge for the missed session in the following way for each calendar year:

1 st and 2 nd missed sessions	No charge
All missed sessions after 2 nd	50% of fee
All missed sessions after 4 th	100% of fee

- These charges will be accrued regardless of the amount of notice given.
- The count for missed sessions will reset each January 1st.
- If you find that it is difficult to commit to the regularity of our meetings or the charges accrued begin to create financial hardship, we can talk about restructuring or pausing the work as needed.
- If you arrive more than 20 minutes late to the session, I will still charge my full fee although I can only provide a receipt for a 20-30” session rather than a 45-50” session.

By signing this document, I attest that I have read and agree to the Cancellation Policy described above.

Client's name

Signature

Date

Client's name

Signature

Date