**CANCELLATION/MISSED SESSION POLICY**

Deanna Stassi, MA, LPC

An appointment is a commitment to our work together and a contract between us – we each agree and promise to be here and on time. Since the scheduling of an appointment involves the reservation of time specifically for you, I ask that you provide **24 hours’ notice** if you are unable to attend**.** A cancelled appointment hurts three people: you, your therapist, and another client who could have potentially utilized your time slot. When a session is cancelled without adequate notice, I am unable to fill this time slot by offering it to another current client, a client on the wait list, or a client with a clinical emergency. In addition, I am unable to bill your insurance company for sessions that are not kept, therefore losing an hour of income. The situation is much like your going to work and the boss immediately sending you home unexpectedly and without pay. If you are not able to call to cancel during normal business hours, please leave a message on my voice mail system.

Cancellations made without 24 hours’ notice incur the **full session fee**. For those using insurance, the full session fee is your copay **plus** the portion your insurance pays. This fee is your responsibility and not paid by insurance. Insurance companies do not reimburse for missed appointments. Also, you cannot use Health Savings Funds or Flexible Spending Funds to pay for missed appointments.

The exception to this cancellation policy is if there is an emergency. Some examples of emergencies are car accidents, deaths in the family or extreme illness. Work issues, lack of childcare or problems with transportation **do not** constitute emergencies. Unavoidable circumstances may warrant special consideration, but please note that the above charges will apply to most cancellations. This cancellation policy also applies even if missing the appointment was an unintentional act. Remembering your appointment time is your responsibility. Multiple cancellations and no shows are grounds for terminating our counseling relationship.

Thank you for your understanding and for your respect for other clients and for your counselor!

I understand that appointments must be cancelled 24 hours in advance; otherwise I will be charged the full session fee for appointments not kept. I have read the above paragraph and understand that I am personally responsible for my bill. I understand this charge is not covered by my insurance and that I cannot use Health Savings or Flexible Spending Account funds to pay the fee.

Client Signature: \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_