

SESSION CANCELLATION AGREEMENT

All sessions will be scheduled weekly.

One day prior to a scheduled session, a text will be provided to confirm clients' appointment time. **THIS IS A COURTESY PROVIDED BY THERAPIST AND IS NOT TO BE USED TO CANCEL CLIENT APPOINTMENTS.**

In the event that client cannot make their regularly scheduled session day and time, they will inform the therapist 2 business days in advance and will attempt to reschedule within the same week, at the therapist's discretion.

Regarding holding your appointment day and time, a credit/debit card will be put on file. At session end, credit/debit information will be shredded for client's protection.

A cancelled appointment delays our work. I am rarely able to fill a cancelled session unless I know at least 2 business days in advance. In you are unable to provide at least 2 business days notice when you cancel, you will be charged the full fee for your session. (You should note that insurance companies do not typically reimburse for missed appointments.) The only time therapist will waive this fee is in the event of serious or contagious illness or emergency.

In the event that a client misses 2 sessions within a 2 week period (exceptions: stated above), client will be referred back to their insurance provider for reassessment of services to best provide for the client's needs.

Please be respectful of your time, the therapist's time and the therapeutic relationship by adhering to this agreement.

*****THIS AGREEMENT SUPERSEDES ANY PRIOR NOTICE REGARDING CANCELLATION POLICIES.**

Client Name

Date

Tracey Lee Navrides, MA, LMFT

Date

A signed copy of this document is to be given to the client. The original is filed in the client's file.
Tracey Lee Navrides, MA, LMFT MFC #51808

CREDIT/DEBIT INFORMATION

Card # _____

Expiration date _____

CVV _____

Zip Code _____

Name as it appears on the card _____

By supplying this information, I _____, give Tracey Lee Navrides, MA, LMFT permission to charge my credit/debit card in the event of a missed session where proper notice of cancellation (2 business days) was not adhered to.

Client's Signature

Date