

Client Name: _____



Group Cancellation and Missed Appointment Policy

Groups are most effective if all members attend each session. We ask that you help us by attending all group sessions, and if you must miss one, by notifying us in advance that you must do so. Thank you for your courtesy.

ALL CLIENTS WHO FAIL TO ARRIVE ON-TIME FOR THEIR GROUP SESSIONS OR WHO CANCEL WITH LESS THAN 24 HOURS ADVANCE NOTICE WILL BE CHARGED A NO SHOW FEE OF \$20.00

- Please note: This no show fee is **NOT** covered by insurance plans and is your responsibility to pay
- If you need to cancel a group session, please give us at least 24 hour notice in advance to avoid a charge
- If you fail to arrive for your group, are more than 5 minutes late, or have not notified us 24 hours in advance, you will be charged a no show fee.
- Three consecutive no show fees will result in your therapist being notified, cancellation of any remaining appointments, and your chart being closed.
- All no show fees are due at the time of your next scheduled group

Thank you for your assistance in complying with our policy.

I HAVE READ THIS CANCELLATION/MISSED GROUP SESSION POLICY. I UNDERSTAND AND AGREE TO THIS CANCELLATION/MISSED GROUP SESSION POLICY.

Signature of the Client or Responsible Party

Date: _____

Printed Name