



CANCELLATION and OTHER POLICIES

Client Requirements:

- Sessions begin and end at scheduled times. Sessions that begin late due to client arrival time will end at the scheduled time and the client will be charged at the full session rate.
- If a cancellation is necessary, the client must provide 48-hour notice or otherwise be charged 50% of the session price. *
- Clients who are considered a "NO Call / No Show" will not be permitted to make future appointments. *
- Clients will not be under the influence of alcohol or any illegal substances.
- Clients will update their health history when necessary.
- Sexual harassment and inappropriate behavior of any kind will not be tolerated. If the therapist feels uncomfortable or unsafe at any point during the session, treatment will be terminated immediately, and the client will be forced to leave. No refund will be issued.

***Leniency due to emergency situations will be at the therapist's discretion.**

Therapist Requirements:

- Sessions begin and end at scheduled times.
- If cancellation is necessary, I will provide 48-hour notice whenever possible.
- Appointments will be confirmed at least 24 hours prior to the scheduled time.
- Clients will be treated with respect and dignity regardless of age, gender, race, religion, sexual orientation, socioeconomic status, political affiliation, body type, or state of health.
- Personal and professional boundaries will be respected at all times.
- I will maintain accurate records following each treatment session and will review previous treatment sessions prior to each appointment.
- Privacy and confidentiality will be maintained at all times.
- I will provide services for which I am qualified for and will refer clients to the appropriate professionals when necessary.
- I am available to my clients during posted business hours and will return calls within one business day.
- Cash, PayPal and Credit/Debit card payments are accepted. No insurance is accepted at this time, but invoicing information can be provided for FSA reimbursement upon request.

(PRINT NAME)

(SIGNATURE)

(DATE)

(GUARDIAN'S SIGNATURE - IF APPLICABLE)