Understanding Dr. Silverman’s cancellation Policy

 I want to make sure that there’s no miscommunication about it, and that you understand it and agree to it 100%.

My cancellation policy is this: Clients can cancel or reschedule an appointment anytime, as long as they provide 24 hours notice. If you cancel an appointment with less than 24 hours notice, or fail to show up, you will be charged for the appointment.

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 This cancellation policy is really important for my counseling practice because, while a medical doctor can see 35 patients in a day, a therapist like me generally sees a maximum of 4 or 5. I reserve for you, and all my clients, a full hour of my time for the session and clinical notes. If a client cancels with less than a full 24-hour notice, I won’t be able to fill that time slot, and I’ll lose an entire hour from my work schedule.

 I want you to know that my cancellation policy is not a penalty or a punishment.

If someday you miss an appointment. Truth be told, if you are in counseling long enough, at some point you might forget about an appointment, or something will come up in your schedule that will result in you missing an appointment. Maybe you’ll need to work late. Maybe you’ll get a sudden onset of the flu. Maybe your kids will have doctor appointments, or your car will break down, or something unavoidable will come up.

 I’m never upset with you if you miss an appointment. I know that’s life. In return, please understand that scheduling an appointment with me is like buying tickets to an event. If you miss the event, it doesn’t matter why you missed it, or even if it was your first time, you can’t turn in your tickets for a refund.

 Also, my late cancellation and no-show fee is **$75.** It’s important to remember that insurance will not pay for missed appointments, so you will be responsible for the full $75, not just a co-pay.

 So, in order to move forward, I need from you, not just your consent but also your enthusiastic agreement and promise, that if or when the day comes that you miss an appointment, for any reason, you will gladly pay for the missed appointment, just like you pay for the sessions you attend.  *Do I have your agreement and promise?”*

I have read the above and agree and promise.

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Name Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_