CLIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print

**Lora Hoffstetter & Counseling Associates, LLC**

**Cancellation Notice & Charges**

We understand that occasionally you may run into a situation where you cannot make your appointment. However, out of consideration to your therapist and other clients, it is our office policy that all cancellations are made 24 hours before your appointment time*.* Failure to do so may result in a cancellation charge of $75. Additionally, if you have subsequent missed appointments, you may lose your ability to schedule future appointments or may be referred to another facility.

Client or Guardian’s signature­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LHCA signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_