



River Counseling

No Show, Late Cancellation and Copayment Policy

[Reset Form](#)

INSTRUCTIONS: *Download this PDF to your computer. Open in Acrobat or Acrobat Reader. Fill out form. Save form. Email form.*

Name:

- 1.** I understand that I will be charged a LATE CANCELLATION fee of \$35 if I fail to give at least 24 hour notice prior to cancelling my appointment.
- 2.** I understand that I will be charged a NO-SHOW fee of \$35 if I fail to show for my appointment.
- 3.** I understand that the therapy session will last 55 minutes. I understand that if I am late to the appointment, I will still have to end the session at the allotted time. By signing this, I am agreeing to the above stated terms and stipulations regarding the services I receive from this therapist.

Signature of Responsible Party

Date

Save this document to your computer and email to kshinners@riverscounseling.com