Paul McCandless, MFT
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Lic MFC 39160

CANCELLATION OF APPOINTMENTS

I/we understand that scheduling of an appointment involves the reservation of time specifically for me/us. I/we further understand that a minimum of **24 hours (1 day) notice is required for rescheduling or canceling my/our appointment.** I/we understand and agree that **$50.00 will be charged for sessions missed without such notification**. I/we also understand that most insurance companies do not reimburse for missed sessions.

_____
Client name (print) Date Signature

_____
Client name (print) Date Signature