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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