

# Spiritual Family Counseling, LLC.

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## NO SHOW AND CANCELLATION AGREEMENT

In an effort to provide excellent client service to all of our clients, and to provide the best possible therapeutic environment, it is our policy to require a fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment.\*

I, \_\_\_\_\_, understand and agree that if I do not show up for my scheduled appointment or if I cancel my scheduled appointment with less than 24 hour notice, I will be charged a no show/cancellation fee of **\$25.00**. This fee must be paid prior to or at the time of my next scheduled appointment.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**\*Exceptions for emergencies are determined by your therapist.**