

# Therapy Cancellation Policy

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Client name: \_\_\_\_\_

Appointment date: \_\_\_\_\_ Appointment time: \_\_\_\_\_

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## Cancellation policy

1. **Notice period:** Clients are required to provide a minimum of \_\_\_\_\_ hours of notice prior to canceling or rescheduling their appointment.
  2. **Late cancellation fee:** Failure to provide the required notice will result in a late cancellation fee of \_\_\_\_\_ being charged to the client's account.
  3. **Exceptions:** In cases of emergency or unavoidable circumstances, we understand that cancellations may be necessary without sufficient notice. Please contact us as soon as possible to discuss your situation.
  4. **Rescheduling:** Clients are encouraged to reschedule their appointments rather than canceling whenever possible. We will do our best to accommodate rescheduling requests, subject to availability.
  5. **No-Show Policy:** Failure to attend a scheduled appointment without prior notice will result in a no-show fee of \_\_\_\_\_ being charged to the client's account.
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## Client agreement

I, \_\_\_\_\_, acknowledge that I have read and understood the cancellation policy outlined above. I agree to abide by these terms and understand that failure to do so may result in fees being applied to my account.

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Signature

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Date