



As you work toward improving your health and well-being, I consider it an honor to support you in your work. Every time you schedule an appointment with me, I reserve an entire hour of my time to work exclusively with you, and I value this time. You expect me to keep the appointment, and I expect the same of you. If you are unable to keep an appointment, I ask and expect that you notify our office at least 24 hours (normal business hours of 8-5 M-F, not evenings, weekends, or holidays) prior to your appointment in order to provide us plenty of time to schedule another patient for that hour. Failure to do this results in hardship, loss of time, loss of revenue, and loss of a valuable opportunity for a patient to receive treatment.

By checking each box and signing below, I acknowledge that:

- My health is entirely my responsibility.
- Scheduling and keeping my appointments are entirely my responsibility. While the office offers automated appointment reminders to help me, remembering my appointments is entirely my responsibility.
- If I fail to keep one of my scheduled appointments regardless of the reason without notifying the office at least 24 business hours in advance, I understand that I am responsible for paying the full session fee of \$120, which will not be covered by my insurance.
- I understand that leaving a voice message outside of normal business hours to cancel my appointment that is scheduled for the next business day (e.g., leaving a message on Saturday or Sunday to cancel an appointment scheduled for Monday) does not constitute 24 business hours' notice and will therefore result in my being responsible for paying the full session fee of \$120.
- I understand that repeatedly failing to keep my scheduled appointments without providing sufficient advanced notice will result in my being discharged from this care.

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Signature

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Date