

24-Hour Cancellation Policy Reminder

Like most health care agencies' policies these days, as outlined in the signed Outpatient Service Contract and the signed Intake Form p. 3, we ask that should you be unable to keep your scheduled appointments, that you provide your therapist on their voice mail, with 24 hours or 1 day in advance notice. For example, if your appointment is at 5 PM on a given day, the cancellation must be made by 5 PM on the PRIOR day. We ask this so that where possible, a potential client who may be on a waiting list or need the time slot can be offered the appointment, as well as to be considerate of the therapist's and agency's time as we cannot bill an insurance company for a session that has not occurred as the fee schedule is based on kept appointments. We try to be as reasonable as possible with this policy as we fully understand that emergencies occur and 'life happens.' Therefore, provided that a person served is consistent with keeping their appointments, we can be flexible with approximately one late cancellation or no-show within a treatment quarter, or a three month period. When that occurs, we will only ask for the person served to pay their insurance co-payment, whatever that is, and if there is no copayment, we will ask for the average, which is \$25.00, to be paid in full upon the next scheduled session along with the copay for that session. This accommodation will be afforded for the first time late cancellation, as normally our full billable rate is \$150.00 per initial assessment and \$140.00 for each follow up session.

Should a second late cancellation or no-show occur within a three month period, even if it is an emergency and cannot be helped, we will still require a cancellation fee, but again, we try to be reasonable and rather than ask the person served for the full amount of \$140.00, we will require the least amount for which we are reimbursed by any one insurance policy which is \$60.00 to be paid in full upon the next scheduled session along with the copay for that session.

Upon the third cancellation within a three month period, even if it is an emergency and cannot be helped, we will require the full amount of our billed sessions, which is \$140.00 which may be paid over the course of the next two scheduled sessions if needed.

Since I have taken time to consider this policy to be as fair as possible there will be NO EXCEPTIONS.

If you have any questions or concerns do not hesitate to ask your therapist or call me directly, Renee Simone, LICSW, LADC I, ICDP at either (413) 536-1918 or (413) 388-1552.

I appreciate your consideration in this matter.

Renee Simone, MSW, LICSW, LADC I
Owner Change Happens, INC

By checking this box I state that I understand and agree with the need for the information and as part of informed consent to my treatment. I also understand that I have a right to receive a hard copy of any of these forms upon request, especially forms that bear my signature.