

## Appointment, Cancellation, and Payment Policy

It is imperative to your therapeutic experience that you attend your sessions on a consistent basis. I understand that life can be difficult to balance with various responsibilities. However, in order to run an efficient and productive practice, I will need to uphold a consistent policy regarding cancellations and payment.

**THERE IS A 48-HOUR CANCELLATION POLICY WITH NO EXCEPTION EXCEPT FOR A MEDICAL EMERGENCY, WHICH REQUIRES HOSPITALIZATION OR A MEDICAL APPOINTMENT.**

I will send an appointment reminder 48-hours in advance of your session. Please confirm your appointment time.

If you cancel within the 48-hour time frame and I have a Skype or another appointment available, you have the option to take one of those appointment times without charge. However, if no time slots are available and you do not choose one of the available appointment times, you are then responsible for the session time.

Please be mindful that I ask that you do not cancel sessions on a regular basis (2 or more times within a 6-month time period). When you cancel a session, this means that another patient loses a slot time, and I have to cover rent charges. If session cancellations become an issue, I will discuss my concerns with you and determine an agreed upon plan.

**PAYMENT IS DUE AT THE TIME OF YOUR SESSION, AND I WILL HAVE THE RIGHT TO CHARGE APPROPRIATELY.**

If you are unable to make a payment at the time of your session, you have the option to notify me, and discuss an agreed upon plan. I have the right to suspend sessions if payment is not received.

New patients should expect to attend therapy on a weekly basis initially. However, with time, session frequency can change. If you have been diagnosed with a Clinical Mental Health Condition, which requires medication, I will need to see you on a monthly basis, even if you are a long-term patient who is experiencing current stability. This is best practice to ensure optimum mood stability. Please discuss session frequency during appointments, should the need arise.

I appreciate your adherence to the above-mentioned policies. Keeping appointment and payment policies in mind will allow me to focus on what is most important, which is your treatment and care.

*Jodi Taub, LCSW*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_