

A BETTER TOMORROW COUNSELING SERVICES CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed a session fee of \$60 for your missed appointment. If an appointment needs to be cancelled please call and text your therapist _____ at the following phone number _____.

A session fee of \$60 will be charged for missed appointments or cancellations with less than a _____ hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for, or cancel an appointment. Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian if under 18)

_____ Today's Date