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## <u>CANCELLATION</u> <u>POLICY</u>

| When we schedule an appointment for you, that therapy hour is, of course, exclusively yours.      |
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| If you are unable to attend a session we will need adequate time to place another client in that  |
| time slot. Therefore, we require 24 hours advance notice to cancel an appointment. If 24          |
| hours is not given, then you will be charged the full fee for that session. Cancellations are not |
| reimbursable by insurance.  |
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| I have read and understand the policy above and agree to ac | cept responsibility as stated. |
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| Client signature  | Date                           |