

Monica Levine LICSW/CST
413-335-5347
90 Conz St.
Northampton, Mass. 01060

Missed Appointment Policy

Missed appointments are costly to you and to me and also to the other clients I see. Missed appointments disrupt progress in working together and with my ability to offer unused appointment times to others who need them.

If you need to reschedule an appointment, please call me or leave a message 24 hours in advance.

I understand that there are circumstances beyond our control that come up and make it impossible for you to give me requested notice of a missed appointment, a family death, medical emergency, car issues, etc...

When agreeing to an appointment time, please be sure that family and/or work commitments do not interfere with your scheduled appointment.

I reserve the option of billing you a missed appointment or a no show fee of \$ 30.00

You will need to pay this fee before you can be seen for your next appointment. Other arrangements may be discussed with me.

I understand and accept the missed appointment policy. I agree to these conditions and take full financial responsibility for missed appointments.

Client signature _____

Date _____