

Cancellation Policy Agreement

You will receive an email reminder 48 hours prior to your appointment, as well as a text reminder 24 hours prior to your appointment. **I respectfully ask that you provide me with 24 hours notice of any schedule change or cancellation requests.**

When you cancel or miss your appointment, I am often unable to fill that appointment time due to many of my clients receiving therapy on a pre-determined schedule. This has a financial impact on my practice and also means my other clients miss the chance to receive services they need.

For this reason, you will be charged:

- 50% of the service fee for the first late cancellation (within 24 hours), and
- 100% of the service fee for each late cancellation after that
- 100% of the service fee for any “no call no show” missed appointment

Repeated rescheduling of appointments may require prepayment in order to secure future appointments. This payment is non-refundable and non-transferrable.

I understand that illnesses do occur at inconvenient times. I request that you cancel your session if you are experiencing the following:

- fever
- known infection or acute cold and/or flu symptoms
- vomiting or diarrhea within 24 hours prior to your appointment time

Inclement weather may also result in the need for late cancellations. I will do my best to give advance notice if I am closing or need to cancel due to bad weather and I ask you to do the same. Please do not risk your own safety trying to make your appointment.

Late cancellation due to illness or inclement weather will generally not result in any missed session charges and will be determined on a case-by-case basis. Any cancellation not due to inclement weather or illness is subject to a cancellation fee.

A valid credit card will be kept on your profile in my secure client management software for billing of any cancellation fees.

I authorize Brooke Dominey, LMT, CDT to charge my credit card the appropriate above fees for no-show and late-canceled/rescheduled (less than 24 hours) appointments. I understand that my personal billing information will not be shared with other parties and will remain in my secure file.

By signing below, I agree to abide by these policies.

Signature

Date

Printed Name