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| Jenifer Piegaro LMFT Lasting Transitions Counseling Services LLC |



CANCELLATION POLICY

Unexpected things happen and sometimes it’s impossible to keep an appointment. If you cannot keep your appointment, I require at least 24-hours’ advance notice. You will be responsible for a $150.00 cancellation fee if you: (a) give less than 24-hours’ notice; or (b) fail to arrive for your appointment at all. The cancellation fee must be paid before or at the time of your next scheduled appointment. Remember, your time was reserved especially for you and a cancelled appointment delays our work together.

LATENESS

Please call or text if you know you are running late. If you arrive late for your scheduled appointment, you will receive treatment for the remaining time. If the schedule permits, some accommodation may be possible.

ATTENDENCE

Because this office holds a time for your session, you are essentially promising to fulfill that slot. If you exceed a cancellation rate of 1 cancellation or higher each month you will receive a written notice that your slot is in jeopardy. This policy includes non-emergency and vacation cancellations unless we agree in advance.

FIANANCIAL AGREEMENT

My standard rate is $150 per session. Payment is required at the beginning of each session. I accept PayPal, Square Cash, credit cards, FSA, checks and cash. Client will be responsible for any fees associated with a return check. I reserve the right to negotiate payment for any services outside the normal session. This may include but is not limited to court documentation, reports, appearances, phone calls etc.

SLIDING SCALE

Occasionally I will offer a sliding scale option depending on the client’s circumstances. The sliding scale option is meant to serve as a situational agreement based on the client’s financial ability at the beginning of treatment. I rely on the integrity of the client to honor my standard rate and notify me to discuss increasing the rate of pay when the client’s status changes during the course of treatment. I have the option at any time to discontinue offering the sliding scale rate.

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| Signature of Client:  | Date:  |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Signature: | Date: |
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