

PASTORAL INSTITUTE

No-Show and Late Cancellation Policy

We understand that situations arise where keeping a scheduled appointment becomes difficult. We request no less than 24 hours notice if you must cancel an appointment. This will enable us to allow another client that is waiting for an appointment to be scheduled in this time slot. For late cancellations that happen less than 24 hours before a scheduled appointment, you will be charged for missing the appointment and our inability to schedule another client. ***We offer a confidential after hours answering service for all clients if you cannot call during business hours. You can reach this answering service by dialing 706-649-6500.*** Clients who do not call to cancel and fail to show up for a scheduled appointment will be considered a No-Show and will also be charged.

No-Show Rates:

**Licensed Professional Counselor (LPC)/ Licensed Marriage & Family Therapists (LMFT)/ Ph.D.
level Providers: \$60.00**

Reduced-Fee Clients: Half the agreed/contracted rate

Late Cancellation Rates:

**Licensed Professional Counselor (LPC)/ Licensed Marriage & Family Therapists (LMFT)/ Ph.D.
level Providers: \$45.00**

Reduced-Fee Clients: Half the agreed/contracted rate

The late cancellation and no-show fees applied to a client's account are the sole responsibility of the individual to pay before rescheduling will be allowed. Insurance, EAP, and CCP partners will not be charged or expected to pay these fees on your behalf. We understand that some situations are unavoidable and may cause you to cancel late or no-show for an appointment. Special consideration for waiving these fees will be limited and will only be approved by senior management. If a client has two consecutive incidents of late cancel or no-show we reserve the right to deny future services.

We believe that a good therapeutic relationship between a clinician and a client is very important and that is built on mutual respect and good communication. We are honored to provide care for all clients and have reserved the appointment time especially for you.

Signing below indicates that you have read, understand, and agree to this policy.

Client Signature

November 20, 2023

Date