

FREEDOM COUNSELING CENTER, INC.
ATTENDANCE POLICY

Welcome! We are honored to be chosen to walk with you through your therapy process. This therapeutic relationship is a meaningful, unique connection through which healing and progress are achieved. The decision to seek psychotherapeutic treatment is a highly respected commitment, whereby therapist and client contract to reserve a designated time and space. We understand this commitment includes a financial, emotional, and time investment. Contracting for the therapeutic hour allows us to provide the consistency necessary to move toward your identified goals. Please understand that the absence of any piece of this investment affects our ability to provide quality treatment. Please understand that our policies do not exist for punitive reasons, but to allow us to offer consistent and productive treatment. To this end, we offer our attendance policy as follows:

Cancellations:

If the need arises to cancel your scheduled appointment, please communicate this with the office at least 24 hours in advance. Cancellations made less than 24 hours in advance will require payment of the no-show fee.

No-Shows:

We are busy people with meaningful and varied obligations; sometimes we forget! Our office staff offers the courtesy of confirmation reminders the day before your appointment is scheduled. In the case that you are not present for your scheduled appointment and do not call ahead, please contact the office as soon as possible. Due to the high volume of clients requesting services, our appointment times are highly valued. No-shows will require payment of the no-show fee. After three no-show or late cancellations, we will refer you to another reputable counseling facility. Please note that we are unable to hold reservations for future scheduled appointments if no communication is made after a no-show. Our no-show fee for Doctoral-Level Psychologists is \$100.00, and \$80.00 for Master's-Level Therapists. Please note that insurance companies do not reimburse for no-show fees.

Thank you for working with us to provide you with the highest quality services.

Your signature implies understanding and agreement to our Attendance Policy.

Signature

Date