

Attendance Agreement

Welcome to Black Therapist & Company. Our goal is to provide you with the best possible therapy services and believe client participation is the cornerstone of quality care. We would like to inform you of our attendance policy to ensure you are receiving best-in-class therapy services and to ensure other clients are receiving care in a timely manner. For each item below, please read thoroughly and initial that you comprehend each statement.

____ I will arrive at least 10 minutes before my scheduled appointment time. I understand that if I arrive 15 minutes late to my appointment without prior notification, I may not receive therapy that day. If I do receive therapy, the sessions will end at their scheduled time.

____ I will call at least 24 hours in advance when rescheduling or canceling an appointment. If I do not call in advance and do not attend my session, that will result in a 'no show' and is subject to a cancellation fee. Additionally, if I cancel with less than 24 hours' notice, that may result in a cancellation fee.

____ Repeated late cancellations or no shows will disrupt the continuity of care. Therefore, if I cancel twice in a single month, it may result in termination of therapy.

____ I agree to provide at least two weeks of notice of a leave of absence or a vacation.

We value the trust you've placed in us, and we look forward to our continued work together. If you have any questions or require further information, please don't hesitate to contact us at drhemmings@blacktherapistandcompanydx.com.

Thank you for your commitment to therapy. We appreciate the opportunity to support you on your journey. Please sign indicating that you understand the above policies:

Client Name _____

Date: _____

Signature _____