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CANCELLATION POLICY

APPOINTMENTS: A specific time has been reserved for your therapy session by agreement with you. If you need to cancel or change an appointment time, please give 24 hours advance notice.

Cancellation without 24 hours advance notice will result in you being charged for the session time reserved for you. Three (3) or more late cancellations or “no shows” may result in termination of treatment.

Please help us to serve you better by keeping scheduled appointments. This fee is **NOT** covered by insurance, so it will be your personal responsibility.

Patient hereby agrees to a No Show or Late Cancellation fees of **\$175.00** _____ (PATIENT INITIALS)

Client's Parent / Guardian Signature - if patient is under age 18

Today's Date

Print Patient's Name

Patient's Signature