

**NeuroPsychological Institute, P.A.  
Dr. Shawna Freshwater  
SpaciousTherapy.com**

**CANCELLATION POLICY FORM**

Once an appointment session is scheduled, you will be expected to pay for it unless you provide 48-hours advanced notice of cancellation (week-ends do not apply). This policy is representative of the industry standard for doctors within the counseling and psychotherapy professions. You will find that treatment progresses best and produces long lasting change when appointments are regular and consistent. So, as an example, if you have a regular Monday appointment time, then you would need to cancel that appointment by Friday morning the preceding week.

PLEASE NOTE: If you are involved in intensive therapy or psychodynamic therapy, a schedule of 3 to 4 sessions per week at a set time is protocol. If you are not able to keep your appointment(s), you will be charged for the missed or cancelled session(s) as these days and times are reserved specifically and only for you. If you are involved in intensive psychotherapy or psychodynamic and if you plan to be on vacation or plan to be away from psychotherapy treatment for extended time frame, then please provide at least a 2-week advance notice to Dr. Shawna Freshwater. This is policy representative of industry standards for doctors utilizing intensive or psychodynamic modalities of treatment.

The Undersigned agrees and authorizes to charge my credit card account for any and all unpaid balances remaining outstanding, as well as for any scheduled appointments that have been cancelled, broken, "no-showed" without the 48-hours (week-ends do not apply) prior advanced notice.

I have read, understand, and agree with the Cancellation Policy.

Print Name: \_\_\_\_\_

Signature Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete the Credit Card Payment Authorization Form.