

NOEL C GONZALEZ, MA, LPC  
*Psychotherapy and Consultation*

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### Cancellation Policy

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Because making an appointment means the time will be held for you, it is necessary to have a system for cancellation and rescheduling appointments. I will reserve a regular appointment time for you into the foreseeable future. I also do this for my other patients. Therefore, I am rarely able to fill a cancelled session unless I have advanced notice.

Cancellation for ongoing therapy is requested 24 hours in advance of your appointment. Please note that rescheduling is also regarded as a cancellation. ***When it is necessary to cancel an appointment you are expected to do so 24 hours in advance, even if it means leaving a message with our voice mail service. You are responsible for the full-fee for the scheduled session when an appointment is failed or canceled inappropriately, no exceptions.*** If you were to cancel or reschedule within the specified time, the full-fee for the scheduled session would be requested, payable within one week of the missed session. Insurance companies will not reimburse for cancellations or missed appointments

As e-mails may be delayed or not go through, please be sure to confirm any e-mail cancellation by phone message if you are near the 24 hours prior to your appointment or if you do not receive a prompt reply  
It is Noel C Gonzalez, MA, LPC policy to be completely open and fair with all fee and billing policies. The policy is noted in the Patient Brochure, in this contract, on the web page, and will be repeated verbally at the time of making a first appointment, it is noted in the e-mail for the first appointment notice, and will be noted on an Informed Consent provided at the first visit. Sessions are only scheduled at the request of and with the agreement of the patient. Please be sure of your intention to have a session when you make appointments.

I, \_\_\_\_\_, agree that I am responsible for the full session fee charges (135.00 [60-minute session] or \$175.00 [80-minute session]) for **late cancellation** of my appointment (less that 24 hour notice) or for **“no-showing”** to my appointment (failure to cancel appointment or missed appointment). It is my responsibility to confirm my appointment time at the time the appointment is made and/or before my appointment to avoid charges.

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Signature of patient (or person acting for client)

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Date

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Printed name

I, Noel C Gonzalez, MA, LPC, have discussed the issues above with the patient (and/or the person acting for the patient). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

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Signature of therapist

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Date