

Cathexis 24 Hour Cancellations/No Show Policy

Regular attendance of therapy appointments is vital to achieving your therapy goals, and a missed appointment delays our work together. We understand that sometimes people simply forget about appointments, or that scheduling conflicts arise unexpectedly; we are all human. However, we also wish to offer the perspective that our therapists do not keep set office hours. Once an appointment is scheduled, they have committed that timeframe to specifically you, and arrange their personal and professional time accordingly. It is also extremely difficult for a therapist to fill a cancelled appointment time with less than a 24 hour notice.

Therefore, in order to begin therapy at Cathexis, we require clients to complete a Credit Card Billing Authorization Form. This form allows Cathexis to automatically charge your card for No Shows, and also for cancellations made less than 24 hours from your scheduled appointment. *The full amount of your session fee will be charged for each occurrence.*

Exceptions will certainly be made for sudden injury/illness or emergency situations. However, occurrences arising from transportation issues, traffic, sudden scheduling conflicts, etc. will not be considered as exceptions. Furthermore, if you arrive late to an appointment, you will still be expected to pay the full amount of the hourly session fee.

Please understand that this policy is not intended as a “punishment” of any kind, but rather its purpose is to encourage clients to make all efforts to attend their scheduled appointments, and also serves as a way for Cathexis to respect the dedication of our therapists.

Our commitment to you is that this policy will be enforced in an ethical manner, and your credit card information will be kept in the strictest of confidentiality and security. Your card will never be charged by Cathexis for any reason outside of the terms of this policy.

Acknowledgement:

I have read and understand the **Cathexis 24 Hour Cancellation/No Show Policy**. I agree to enter services with Cathexis under the terms of this policy, and will respect the right for Cathexis to charge my credit card accordingly.

Client to complete and sign the reverse side.

Cathexis Credit Card Authorization Form

Private Pay Clients Only

The undersigned agrees and authorizes Cathexis to charge the credit card indicated below for collection of his/her regular hourly session fee in accordance to the 24 Hour Cancellation/No Show Policy should the client No Show for an appointment, or fail to give at least 24 hour notice of a cancellation.

This form does not authorize Cathexis to charge the card for any purposes outside of the terms of the 24 Hour Cancellation/No Show Policy.

Visa Mastercard

Credit Card Number: _____

Expiration Date _____ / _____ / _____ CVV Code (on back of card) _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

I, the undersigned, authorize Cathexis to charge my credit card, indicated above, for regular hourly session fee in accordance to the 24 Hour Cancellation/No Show Policy should I/the client No Show for an appointment, or fail to give at least 24 hours notice of a cancellation.

This authorization will remain in effect while I/the client receives services from Cathexis.

Client/Guardian Name (Print): _____

Client/Guardian Signature: _____

Date _____