
KIMBERLY DUDLEY COUNSELING, LLC

KIMBERLY DUDLEY, MA, NCC

Cancelation and No-Show Agreement

I am committed to providing my clients with exceptional care. I seek to honor your scheduled appointment times. When a client cancels without giving notice, I am prevented from being able to provide service to others who desire an appointment.

If you need to cancel or change your appointment, it is your responsibility to call the office at 971-350-8439 at least 1 business day (24 hours) prior to your scheduled appointment (Note: Monday appointments must be canceled by the Friday prior).

You will be charged \$75 for appointments that are:

- Canceled less than 24 hours before your scheduled appointment
- or
- You do not show for your scheduled appointment

This cancelation/no show fee is not covered by your insurance.

If you miss two (2) scheduled appointments without notifying the office, I will cancel the rest of your scheduled appointments. You will need to talk with your provider in order to schedule further appointments.

I have read and understand this Cancelation and No-Show Agreement and agree to comply and accept responsibility for any payment that becomes due as outlined previously.

Client's Name: _____

Responsible party name and signature below must match the responsible party information entered on the client registration form under the "Responsible Party" Information section.

Responsible party's name: _____

Responsible party's signature _____

Relationship to Client: _____ Date: _____