TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Appointment Cancellation & No-Show Agreement

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Notice period

Please provide at least 24 hours notice if you need to cancel or reschedule an appointment. Notify the practice through the approved scheduling or contact method.

Fees

Standard individual therapy session: $150. Late cancellation fee: $_____. Missed appointment fee: $_____. These amounts must be completed and disclosed before this agreement is used.

Exceptions and insurance

The practice may consider emergencies and exceptional circumstances individually. Insurance plans generally are not billed for sessions not provided; any client responsibility must comply with applicable payer agreements and law.

Acknowledgment

I understand the 24-hour cancellation policy and the charges stated above, once completed.

Client name: _____ Date: _____

Client signature: _____ Date: _____