**A close up of a logo

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**CANCELLATION AND NO SHOW POLICY**

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide at least **24 hours notice**. This will allow others who are waiting for an appointment to be scheduled in that appointment slot.

When appointments are cancelled with less than 24 hours notice, we are unable to offer that slot to other people. Appointments cancelled with less than 24 hours notice, will be subject to a late fee equal to amount of a full session. Patients who do not show up for their appointment, without notice of cancellation, will be considered as NO SHOW and will also be subject to a fee equal to the amount of a full session.

The Cancellation and No Show fees are the sole responsibility of the patient and must be paid in full. We understand that special or unavoidable circumstances may cause you to cancel within 24 hours. If you believe you should not be charged a fee for your missed appointment, please discuss the situation with your therapist. Fees may be waived at the discretion and approval of the therapist. Please sign that you have read, understand and agree to this Cancellation and No Show Policy.

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Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Whole Mind Wellness, PLLC 2730 Union Lake Road Ste. 177. Commerce, MI 48382 (248) 900-1268