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CANCELLATION POLICY

A full session fee is charged for **missed appointments** or **cancellations** with less than **48-hours-notice** unless it is due to illness or an emergency. If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment. I understand and agree to the above stated cancellation policy.

Thank you for your consideration regarding this important matter.

Client Signature (Client's Parent/Guardian, if under 18)

Today's Date