Declaration of Agreement

Missed or Cancelled Appointments without 24 Hours Notice

Cancellations must be made by telephone or in person. Text messaging and emails to cancel an appointment are not acceptable.

I understand and agree to the following:

It is my responsibility to notify my counselor at **281.508.2566** at least 24 hours prior to the scheduled appointment, if I am unable to keep that appointment.

In the event I do not inform the office of the cancellation, I agree to pay a **$100 missed appointment fee**.

I have provided Colleen Neal MS, LPC, NCC with my credit card information and authorize them to keep my signature on file, and to charge my credit card account for all balance due for the missed appointment.

Patient's Name_____

Charge Card Number _____

Expiration Date_____ 3 digit security code_____

Card Holder Signature_____

Date:_____

Provider: Colleen Neal

Licensed Professional Counselor