

## Laina Winters, MSW, LCSW

503-314-8598

## No Show-Cancellation Policy Please Read This Policy Carefully

If you miss your scheduled appointment or "no show", you will be required to pay for the missed session. You will be required to pay for half the cost of the session as booked. This will be due at your **next** session. You will be required to pay this even if you are using your insurance to pay for counseling services. This is because insurance does **not** cover missed or cancelled appointments.

Please keep in mind that your scheduled appointment has been reserved specifically for you. If you are not sure that you will be able to keep your appointment, please do not schedule it until you are certain that you can commit to being there at your scheduled time.

If you must cancel your appointment, you will be required to give at least  $\underline{24}$  hours notice.

\*\* Excessive cancellations may result in services being discontinued

By signing below, I agree to the conditions of this policy.

Signature	of	Client o	or	representa	tive
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Date