



Cancellation and No Show Policy

At The Training Room, LLC, we strive to provide you with the highest quality care possible. In order for you to achieve your treatment goals as quickly as possible, it is important that you consistently attend your scheduled appointments. Recognizing that both our time is valuable, we ask that you notify us in advance if you need to change or reschedule your appointment so that we may offer that appointment slot to another patient.

Cancellations: We understand that from time to time you may need to cancel an appointment for various reasons. Please observe the rules regarding cancellations stated below.

1. If you need to cancel an appointment please call and let us know the time and date of the appointment you are canceling.
2. Be prepared to reschedule the missed appointment, preferably in the same week. This will help keep your treatment plan on track.
3. For cancellations that are non-emergencies, **24-hours notice** is required.
4. If you do not give us 24-hour notice for a cancellation you will be charged **\$25.00**. After 3 cancellations and if your therapist feels that your treatment is suffering due to the cancellations, your therapist may recommend alternative care that is more suited to your needs.

No Shows

1. If you do not show up for a scheduled appointment you will be charged **\$25**.
2. If you have more than **3** no shows and your therapist feels that your treatment is suffering due to the cancellations, your therapist may recommend alternative care that is more suited to your needs.
3. If you no show for an appointment and there are extenuating circumstances, please call us so we can handle the situation appropriately.

Lateness

It is very important for you to arrive on time for your scheduled appointment. If you are late, please be aware that the length of your treatment will be abbreviated as we will not make our next patient wait. If you are more than 15 minutes late, your therapist may not be able to see you and you may need to reschedule your appointment.

Acknowledgement

By signing below I am acknowledging that I have read and understand the cancellation and no show policy. I understand that if I violate this policy my therapist may recommend alternative care that is more suited to my needs.

Signature of Patient _____ Date _____

Signature of Guardian _____ Date _____

Signature of Authorized Staff _____ Date _____