**Sarah J. Looney, MEd, LPC**

**--------------------------------------------**

**Cancellation Policy Acknowledgement**

Scheduled appointments must be canceled or rescheduled at least 24 hours in advance of your scheduled appointment or you will be charged the full appointment fee (please refer to Outpatient Services Agreement for specific rates). Monday appointments must be canceled the Friday before (72 hours notice). **Cancellations must be made by phone** (in a voice conversation with your counselor, or by a text message); no other form of communication (email, fax, etc.) will protect you from being subject to the cancellation fee.

I understand the cancellation policy and agree for you to charge my credit card on file or bill me for the full amount of the missed session if I do not cancel at least a full 24 hours in advance.

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Printed Name

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Signature

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Date