

## No Show Policy

---

Client name	Date of Birth	Date
-------------	---------------	------

Part of the therapeutic process promoted by Growth Space is accountability. In order to help you maintain your goals and complete therapy in an effective time and also to value the therapist time that you have scheduled with, there is a \$25 no show fee for therapy appointments cancelled within 24 hours of said appointment. This fee will be added to your next session's payment.

If you are using EAP sessions, the no show will result in you losing one of your free sessions. No charge will be applied to your account.

Emergency situations or infectious illness will not incur a no show fee. This will be evaluated case by case if these reasons are used often by a client. Please respect therapists, other clients, and other office personnel and do not attend therapy when you have a communicable illness. If you present with a communicable illness, you will not be seen by the provider.

If you bring your child to session, please make sure the child has a change of clothing and has used the restroom before the session. Clients with children or whom are children that present or become soiled and are unable to be changed will not be seen for the day and will incur a no show fee.

If you would like to understand more about this policy, please talk to your therapist about this. This policy is to ensure the safety and wellbeing of clients and the ability for Growth Space to continue to provide to the public.

By signing below you agree to this policy.

---

Signature	Date
-----------	------

---

Name ( <i>printed</i> )	<i>Name of Client/Relationship to client if filled out by Guardian</i>
-------------------------	--