

\*\*\*\*\*Bottom Line Counseling\*\*\*\*\*

\*\*\*\*\*No Show Policy\*\*\*\*\*

From time to time, it becomes necessary for you to call and either cancel or reschedule your counseling appointment. Your counselor understands that things come up.

However, when you either do not call or do not show up, this takes a time slot that another person may have needed.

By signing below, you indicate that you understand and agree that if you do not call to cancel your appointment and give at least a 24 hour notice, you will be charged and billed \$25.

*(Exceptions will be made at your counselor's discretion; the office staff does not have the authority to wave the charge.)*

*This fee must be paid prior to scheduling another appointment.*

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Counselee's name

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Counselee's or guardian's signature

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Counselor's signature

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Date