

Cancellation Policy at Path to Self, LLC

To address these challenges and uphold the verbal contract established with the therapist and the signed consent to allocate a therapeutic hour per week for treatment, the following charges have been implemented in our cancellation policy. This aims to mitigate disruptions caused by appointment changes and to maintain our commitment to quality care for all our valued patients.

If an appointment needs to be canceled, it must be canceled 24 hours in advance (Saturday/Sunday are NOT business days) without charge. If the appointment is canceled without the minimum time frame, a **\$185 (hundred and eighty five dollars)** charge will be assessed to the client.

No cancellation charge will be applied if another patient fills your appointment slot. Consequently, providing more advanced notice for a cancellation increases the likelihood of avoiding any associated charges. While every effort will be made to find a replacement for the canceled time slot, no guarantee can be provided.

In the event of a **same-day cancellation**, clients **will incur the full session cost**, which will be charged to the credit card on file, unless the appointment can be successfully filled as outlined earlier. For clients who fail to provide a cancellation notice by phone, the current full hourly psychotherapy charge for the missed session time (\$185) will be assessed. Charges for cancellations are directly invoiced to the credit card on file unless alternative arrangements are communicated. Processing typically occurs after the missed appointment time.

For any cancellation notifications or inquiries, don't hesitate to contact me at Dr.TCottle@proton.me. Ensure you receive a confirmation callback or email acknowledging the cancellation. Your proactive communication is greatly appreciated.

If clients arrive more than 15 minutes late, it is at the provider's discretion whether they can be seen due to time constraints. The appointment will be considered a "no show," and the associated fee (\$185) will be charged.

All of the above cancellation charges are the client's responsibility. **You agree to the above-stated policy as signed and consented to during your initial visit by agreeing to treatment with Dr. Cottle.** Thank you for considering the above policy, and I look forward to continuing to provide you with excellent quality care.