

Michael A. Gentry, J.D., L.C.S.W
Gentry Therapy LLC

APPOINTMENT CANCELLATION POLICY

You can cancel or reschedule an appointment anytime, *as long as you provide 24 hours notice*. If proper notice is not received, you will be charged the full fee for the appointment time you reserved.

Please call me at 480-269-1727 by **noon (12:00 p.m.) on the *business day* prior to your scheduled appointment** to notify me of any changes or cancellations. To cancel a Monday appointment, please call me by **noon (12:00 p.m.)** on the preceding Friday.

I am committed to providing you with exceptional care. When you make an appointment with me you are asking me to reserve my time for your care. In exchange, you are agreeing to pay my fee for the time I have set aside for you. When you cancel without adequate notice, it interferes with the functioning of my practice in that I cannot effectively offer that time to another client, and you may prevent someone else from being seen.

We both understand that last-minute emergencies and conflicts may come up which may be unavoidable or more important than making your therapy appointment. In such situations, you simply attend to the conflict or emergency and pay the cancellation fee. Remember that you are purchasing the time I have reserved in my schedule for you, and you can use that time as you choose, either for therapy or attending to the conflict or emergency. My policy gives you the burden of choosing how to spend the reserved appointment time, and it relieves me from fielding excuses.

Nothing in the foregoing policy should prevent you from calling me in advance to see if I have time in my schedule to accommodate a change. I am very flexible when my schedule allows. Even if you just forget to come to your appointment, call me and we can usually work it out. The cancellation fee typically does not apply if you make up a missed/cancelled appointment within three business days of when it was originally scheduled.

So, in order to move forward, I need from you, not just your consent but also your enthusiastic agreement and promise, that if the day comes that you miss an appointment, for any reason, you will gladly pay for the missed appointment, just like you pay for the sessions you attend. Do I have your agreement and promise?

Printed name

Signature

Date

As security for cancellations without notice, I'm asking that you sign the attached Credit Card Authorization.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): __ / __
CCV Number: _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Michael A. Gentry JD LCSW to charge my credit card in accordance with the above Appointment Cancellation Policy. I understand that my information will be saved to file for this purpose.

Client Signature

Date