



**Wilson Psychological
& Forensic Services, PLLC**

Washington Location:
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Kirkland, Washington 98033
206-785-2938

Texas Location:
12920 Dairy Ashford
Sugar Land, TX 77478
832-901-5038

info@wilsonpsychservices.com

CANCELLATION POLICY

Once an appointment session is scheduled, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation (week-ends do not apply). This policy is representative of the industry standard for doctors within the counseling and psychotherapy professions. You will find that treatment progresses best and produces long lasting change when appointments are regular and consistent. So, as an example, if you have a regular Monday appointment time, then you would need to cancel that appointment by Friday morning the preceding week.

PLEASE NOTE: If you are involved in intensive therapy or psychodynamic therapy, a schedule of 3 to 4 sessions per week at a set time is protocol. If you are not able to keep your appointment(s), you will be charged for the missed or canceled session(s) as these days and times are reserved specifically and only for you. If you are involved in intensive psychotherapy or psychodynamic and if you plan to be on vacation or plan to be away from psychotherapy treatment for extended time frame, then please provide at least a 2-week advance notice to. This is policy representative of industry standards for doctors utilizing intensive or psychodynamic modalities of treatment.

The Undersigned agrees and authorizes to charge my credit card account for any and all unpaid balances remaining outstanding, as well as for any scheduled appointments that have been canceled, broken, "no-showed" without the 24-hours (week-ends do not apply) prior advanced notice.

I have read, understand, and agree with the Cancellation Policy.

PRINT YOUR NAME

SIGNATURE

DATE

NOTES: Please also complete the Credit Card Payment Authorization Form.