

***Tidal Mental Health***

80 Washington St, Ste C-17, Norwell, MA 02061

Tel: (781) 773-8905 • Fax: (781) 261-9633

www.tidalmentalhealth.com

**CANCELLATION POLICY**

I understand that, if I do not request a cancellation at least 2 business days before any appointment, or if I miss an appointment without cancelling (no show), I will be charged an **\$85.00 cancellation fee**.

I understand that all cancellation fees must be paid on or before my next appointment.

I understand that medication refill requests may not be honored if I have just missed or cancelled one or more appointments.

I understand that repeated cancellation of appointments and/or failure to keep scheduled appointments may result in termination from Tidal Mental Health, LLC.

I understand that I am responsible for coming to your session on time and at the time scheduled, and that if I am late, my appointment will still need to end on time.

The time for your sessions is reserved specifically for you, and psychological services are most effective when meeting times are regular and consistent. By keeping all scheduled appointments and/or providing at least 2 business days' notice prior to a cancellation, the practice is able to provide needed services to all patients, many of whom may be waiting for an appointment.

**I have read, fully understand, and consent to this cancellation policy.**

Name (print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_