

## September Counseling and Wellness, PLLC

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### Cancellation and No-Show Policy

Welcome to September Counseling and Wellness PLLC. I look forward to working with you. Therapy does include a level of commitment with treatment sessions taking place as agreed. I have found that consistent attendance is the key to a client's success. Please understand that all sessions are important and any cancellations and/or no-shows can delay our positive progress together and therefore are discouraged. If the cancellation of a session takes place with less than a 24 hour notice, I am rarely able to fill that session time. Please take a moment to read the policies below.

The following guidelines ensure that you get the most of your treatment:

- Please give at least a 24-hour notice if you need to cancel your scheduled session. If you are unable to provide at least a 24 hour notice, when you cancel you will be charged a \$50.00 missed session fee.
- No-shows will be charged the full agreed fee for the session (\$150/individual session)
- September Counseling and Wellness PLLC will keep your credit card information on file in order to collect a fee in a timely manner in the event of a cancellation without 24-hour notice or a no-show occurs.
- In the event you are going to be late for your appointment, please call as soon as possible to my office number - (720) 560-2687 - to notify me of your expected arrival time. Please note I may not be able to provide you with the entire session time as I may have a client scheduled immediately after you. My fee for the session will remain the same.
- Cancellations with less than 24-hour notification due to illness or emergency situations will be considered on a case-by-case basis.

I have read and understand September Counseling and Wellness, PLLC's Cancellation and No-Show Policy and acknowledge that it is my responsibility to plan appointments accordingly and notify Robin J. Sackmann, LPC if I cannot attend as scheduled. I also understand that I will be charged for appointments canceled with less than 24 hours notice, as well as in the instance that I do not communicate and fail to show up for the appointment at all.

\_\_\_\_\_  
Client's Printed Name

\_\_\_\_\_  
Client or Responsible Party's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
If signed by Responsible Party, note relationship to client

Credit Card Number: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

CVV Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_