

Melissa Morrison, MFT

515 Court St, Ste 2A

Reno, NV 89501

(775) 848-8552

Cancellation Policy

Once an appointment has been scheduled, you will be expected to keep the appointment. **My office policy requires that sessions be cancelled at least 24 hours (Monday – Friday) prior to the scheduled appointment time to avoid being responsible for the charges.** If less than 24-hour notice is given (calls must be made during office hours and **does not include evenings, weekends, and/or holidays**), you will be charged for the appointment.

I cannot bill your insurance company for “no shows” or late cancellations. **You will be responsible for the full \$100.00 fee for any appointment missed for any reason.**

I, the undersigned, have read and understand Melissa Morrison, MFT late cancel/no show appointment policy.

Signature: _____ Date: _____

Name (Print): _____

HIPAA Acknowledgement

I, the undersigned, have obtained and reviewed the notice of privacy practices for the therapist/client service agreement as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature: _____ Date: _____

Name (Print): _____