



1501 Robert J. Conlan Boulevard
Suite 200
Palm Bay, FL 32905
Tel: (321) 723-8823

Client Responsibilities

- **Please be on time** to get the most out of your scheduled appointment time.
- **Please give us 48 hours notice** if you wish to cancel or change your appointment. Late cancels leave a void in our schedule that is impossible to fill on short notice. It prevents us from offering an appointment to an existing or potential client on a waiting list or in need of an emergency appointment. It also results in a loss of income to us that we are unable to make up. Please be considerate and mindful of this. You may be charged \$40 for a late cancellation.
- **Please show up for your appointment.** Not showing for your appointment leaves a void in our schedule that is impossible to fill on short notice. It prevents us from offering an appointment to an existing or potential client on a waiting list or in need of an emergency appointment. It also results in a loss of income to us that we are unable to make up. Please be considerate and mindful of this. For this reason, you may be charged \$40 for not showing and not calling us.
- **Remember you are responsible for paying for services.** Although you may have insurance, you are ultimately responsible for paying for services. We do our best to file a claim on your behalf. If the claim is denied, you are responsible for payment.
- **Diagnosis.** Most insurance and many Employee Assistance Programs require we provide a diagnosis code to describe your condition. Once that information is provided, we accept no liability for the impacts to insurability or employment. _____ **(Please initial)**

I, the client or responsible party, confirm that I understand and agree to these terms.

Client or responsible party signature

Printed Name

Date