

RAINER GEISSLER MA, LMFT (MFC 48467) - Certified Therapist in EMDR

Office: S Los Angeles Street, Los Angeles, CA - Mailing Address: P. O. Box 712067, Los Angeles, CA, 90071
Phone: 415.999.1049 - Fax: 213.266.8310 - email: emdrtherapy@rainergeisslerlmft.com

Cancellation Policy Agreement

Today's Date: _____

Dear Client,

As a self-employed professional I have to maintain a cancellation policy that encourages clients to remember their scheduled appointments. Unlike other types of businesses, I cannot bill a late cancelled or forgotten appointment time slot at the last minute.

Consistency is an essential aspect of therapy. I meet with clients at least once per week. A client's appointment is reserved exclusively for the client and clients are expected to commit to their weekly appointment time. Clients will be charged the agreed upon session fee in full for any missed or cancelled appointments. ***I will charge your session fee for the missed or cancelled appointment using your credit card info below at the day and time of service.***

Just as in many service industries, I require credit card information to be kept in order to guarantee payment for reserved appointments that are not cancelled or rescheduled in the time specified. You will not be charged until the time of service and you are free to use another form of payment at your sessions.

- Please note that frequent cancellations disrupt treatment and should be avoided.
- If you are unable to come to my office for your appointment, consider a session by phone.
- Be sure to double-check your calendar in a timely way for any conflicts with your reserved appointment times.
- Your credit card information is confidential and will be kept in a secure location, as are all my files.

Name on Card: _____ Zip Code: _____

Credit Card #: _____ Expiration Date: ____/____

Security Code: _____

By signing below, you accept the terms of my cancellation/rescheduling policy.

Client Signature: _____