



**CANCELLATION/RESCHEDULE AND NO-SHOW POLICY**

Healing Minds Behavioral Health, PLLC is dedicated to honoring the unique experiences of clients as trauma survivors and all of our clients are very important to us. It is also important to us that your child gets the therapy they need. Therefore, we ask all of our clients currently in counseling to make sure to keep their regularly scheduled appointments because sporadically-kept appointments are less therapeutic. We will do our best to work with you regarding your scheduling needs.

We understand that a client may occasionally need to cancel or reschedule their counseling appointment for unforeseen reasons. It is therefore requested that if you must cancel or reschedule your appointment, you provide **more than 24 hours notice**. This will make it possible for another person who may be waiting for an appointment to be scheduled in that appointment slot. With cancellations made **less than 24 hours notice**, we are unable to offer that slot to other people. Office appointments which are cancelled or rescheduled with **less than 24 hours notification** will be subject to a **full-session cancellation fee**.

All cancellations must be made by phone at: 210-724-7880, or by email at: [alopez@hmbhsa.com](mailto:alopez@hmbhsa.com).

In addition, we employ a policy about “no-shows,” meaning no attempts were made to cancel. Clients who no-show will also be subject to a **full-session cancellation fee**. Details of this policy are as follows:

- Clients who do not show up for their appointment without a call to cancel an office appointment are considered as no-show.
- If you need to miss an appointment for a special circumstance, it is your responsibility to contact the therapist as soon as possible to let us know.
- If you miss two scheduled appointments in a row, without contacting the therapist, the counseling slot will be given to a new client on the third week.
- Numerous 24+ hours cancellations, such as calling the therapist to let them know the appointment will be missed or erratic attendance, may be a reason for termination due to therapeutic reasons.

The Cancellation and No Show fees are the sole responsibility of the Client and must be paid in full **before** the Client’s next appointment.

We understand that special unavoidable circumstances may cause you to cancel within less than 24 hours. **Fees in this instance may be waived with case-by-case consideration and approval.**

Our practice firmly believes that the counselor/client therapeutic relationship is built upon mutual understanding and open communication. Questions about cancellation/reschedule and no-show fees should be directed to our support staff at [admin@hmbhsa.com](mailto:admin@hmbhsa.com).

By signing this agreement, the client agrees to Healing Minds Behavioral Health, PLLC’s Cancellation/Reschedule and No-Show Policy and understands that the client is fully responsible for, and agrees to allow Healing Minds Behavioral Health, PLLC to immediately collect, the **full-session cancellation fee per late cancellation/reschedule or no show**.

\_\_\_\_\_  
Client or Parent/Guardian of Minor Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor, Healing Minds Behavioral Health, PLLC

\_\_\_\_\_  
Date