



Noemi A. Bolton, MSSN, MSW, LCSW
Psychotherapy for Individuals, Couples, Families & Groups

24 Mine Street, Suite 2D, Flemington, NJ 08822 | Web: www.noemibolton.com | Phone: (908) 246-7489 | Fax: (908) 806-2379

CANCELLATION POLICY

Please sign this form and bring it with you to our first appointment.

When we schedule an appointment, I reserve time specifically for our session. If you miss or fail to cancel a scheduled appointment, I cannot use this time for another client.

If you need to cancel your session, please advise me with a minimum of 24 hours' advance notice.

PLEASE NOTE: If you fail to show up, or fail to cancel your appointment with 24 hours' notice, except for illness or emergencies, you will be charged the full fee for the scheduled session and a bill will be mailed directly to you. Please be advised that most insurance companies will not reimburse for missed appointments.

Thank you for your consideration to this important matter.

I have read, understand and agree to the above cancellation policy.

Client Signature

Date of Signature

Client's Parent/Guardian Signature (if under age 18)

Date of Signature

If Guardian, Relationship to Client