

Attendance Policy

We understand that unexpected events and emergencies occur; however, we ask that you communicate with us if there is an issue with your scheduled therapy appointment time. Your treatment plan has been established by your therapist to help you return to your life as quickly as possible. Missing appointments may impede that process. In our desire to be effective and fair to all clients, the following policies are honored.

Cancellations

Please give 24 hour advance notice when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 24 hours advance notice, you will be considered a No Show. You will be charged the 50% amount of your appointment booking.

Repeat Reschedules

Sometimes unexpected things come up. This is acceptable with 24 hour advance notice to reschedule. If you reschedule within 24 hours you will be asked to provide a credit card to hold your appointment. If you do not reschedule a future booking within 30 days, you will be charged 50% of your appointment booking. The time you have scheduled may be utilized for another client. It is also possible that time and effort has already put forth on your behalf.

No Shows

If you fail to attend therapy, without contacting our office prior to your appointment, this will be considered a No Show. You will be charged for the missed appointment booking. If 2 consecutive No Show bookings occur, you will no longer be able to schedule future bookings without approval.

Late Arrivals

If you arrive late, your session may be shortened to accommodate others whose appointment follows yours. Regardless of the length of treatment given, you will be responsible for the full amount of your original scheduled booking. If you are more than 15 minutes late to your arrival time, it is your therapist's discretion to cancel your appointment and reschedule to a future time.

Out of respect and consideration to your therapist and other clients, please plan accordingly and arrive on time. This policy is in effect for current and all future appointments.

By signing below, you have acknowledged Natural Solutions by KC LLC *Attendance Policy*

Client Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____