

NE Behavioral Health Cancellation or No-show Fees Agreement

I, _____, understand that in case of missed appointment without 24 hours notification and/or frequently cancelled appointments, there will be fees charges to be paid equivalent to the session fees. In case of emergency teletherapy appointment cancellation, I will notify the NE Behavioral Health Practice and request rescheduling the appointment at a later time. To avoid disruptions in teletherapy appointments, I will commit to keeping and attending scheduled appointments.

Signature _____

Date _____