



*Kathy
Higgins*

KATHY HIGGINS LPC LLC

Kathleen Higgins, MS, MA, LPC, LAC, EMDR, NCC

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Patient Cancellation and No-Show Agreement
(Adopted May 20, 2013)

We, at Deer Creek Counseling Associates and Kathy Higgins LPC, LLC, work very hard to provide quality care and to give each client the time they need. We offer morning, evening and weekend hours for those whose schedules do not allow treatment during the day.

As our business grows, it becomes increasingly important that we continue to offer treatment time slots that are as convenient as possible to our clients. **It is equally important that if you wish to cancel or re-schedule an appointment that we receive at least 24 hours notice so that we can call any clients from our waiting list.** We do realize that scheduling conflicts and emergency situation **occasionally** arise and we will do our best to excuse these special circumstances, such as a heavy snow storm.

In the event that we do not receive notice within 24 hours of your scheduled appointment, you will be charged a \$40.00 Cancellation Fee which is not billable to your insurance company. If notice is within four (4) hours of your scheduled appointment time, you will be charged a \$65.00 Cancellation Fee. Lastly if you do not call and do not attend your scheduled appointment time, you will be charged a \$115.00 NO SHOW Fee.

Phone calls and text messages are an acceptable means of communicating a cancellation. **Email is NOT.**

I have read and agree to the above Cancellation and No-Show Agreement.

Patient/Responsible Party

____/____/____
Date