

Jason Stern, L.C.S.W
606 Johnson Ave. Suite # 21
Bohemia, NY 11716
Phone: 516-359-2915 Fax: 631-256-5541

Cancelled/Missed Appointments

A scheduled appointment means that time is reserved for me to receive therapy. If an appointment is missed or cancelled with less than 24 hours notice, my therapist reserves the right to charge to my account a \$ _____ fee. If an appointment is missed, or cancelled more than twice without 24 hours notice my therapist reserves the right to terminate the therapeutic relationship with me, but will provide at least two referral sources.

I understand and agree to the terms explained above.

Signature: _____ Date: _____