



1301 4<sup>th</sup> Ave NW Suite 302  
Issaquah, WA 98027

1900 116<sup>th</sup> Ave NE Suite 201  
Bellevue, WA 98004

## Treatment and service cancellation policy

If you need to cancel or reschedule your appointment with us, we require 24-hour notice. If you do not give 24-hour notice or if you “no show” an appointment, you will be subject to a \$50 cancellation fee and **you will be required to pay this prior to scheduling your next appointment.**

By signing this consent, you understand our policy and agree to adhere to it to the best of your ability.

I \_\_\_\_\_ agree to the terms of the cancellation/policy agreement as described above. I understand that I may be subject to a \$50 charge if I'm unable to provide adequate advanced notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_