ELEVATE
COUNSELING SERVICES, INC.

**117 EASTMAN ST, SO EASTON, MA 02375**
**116 MECHANIC ST., BELLINGHAM, MA 02019**
**695 WAREHAM ST, SO MIDDLEBORO, MA 02346**
**PH: 508-202-1811 FAX: 866-773-4171**

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ATTENDANCE POLICY

Attendance is expected for scheduled sessions unless alternative arrangements are discussed and agreed upon with my clinician. In the event that I am unable to attend a session, I am expected to give a 24 hour notice to cancel. In the event that I do not give a 24 hour notice or do not come in for an appointment, I will be billed a cancellation fee. The phone number to call to cancel is **508-202-1811 to leave a message directly with your provider. Listen for extensions.**

**The cancellation fee that I am agreeing to pay, in the event I do not give 24 hours notice or miss an appointment with no notice is $60.00.** I understand this fee needs to be paid prior to my clinician at Elevate Counseling Services scheduling another appointment.

It is understood that even though my insurance company does not provide reimbursement for missed appointments, the attendance policy put forth by Elevate Counseling Services, Inc. has no exceptions. I understand that I can agree to utilization of a "card on file" to pay my fee or I will be mailed a statement for the fee along with a letter of explanation.

It is understood that if I do not cancel and fail to attend for an appointment more than twice during the course of treatment, I am giving the impression that I am no longer interested in counseling and my case may be closed.

I understand if my clinician is not a "good fit" for me, all of Elevate Counseling staff encourages me to discuss this with my provider or the Founder/Director, Leigh-Ann at ext. 2 so that a better match can be found.

I give Elevate Counseling permission to contact me via mail prior to ending treatment to ensure good clinical care and follow up. YES____ NO ____

**By signing this attendance policy, I am agreeing to the terms and conditions set forth above.**

**Client signature:_____Date:_____**

**Provider signature:_____Date:_____**