

Cancellation Policy

Thank you for being a valued client in our practice! Our goal is to provide you with optimal care and to be mindful of your time during scheduled sessions. We respectfully ask that if a session needs to be canceled for any reason that you provide the office with 24 hours notice to avoid a **cancellation fee** for the missed session. ***Effective October 1, 2022 our cancellation fee will be increasing to \$75.** All sessions are reserved for you exclusively in advance. Without notice, it limits our ability to provide consistent treatment to you or to offer the time to another client in need. Our voicemail is available 24 hours/ 7 days a week at 631-296-1113, directly contact your therapist via phone/text or email, or you can email us at admin@northshorerelationshipcenter.com. Please note we will make every effort to re-schedule sessions within the same week as scheduling permits, however the canceled session fee will still apply.

Please note that if there are declined charges, you will be notified by our billing department as well as your therapist via phone and email. There will be a one time courtesy for declined charges, however any other declined charges due to insufficient funds, card restrictions, fraudulent charges on a card that is no longer in use, or expired credit cards; you will be discharged from the practice. It is an important part of care to be responsible for your sessions, payments, and to contact the office if there are any changes to your credit card and/or payment situation.

Cancellations with more than 24 hours notice.

Please note that consistency in treatment is extremely important to our practice, your care as well as our providers schedules. If there are more than 2 canceled and/or missed appointments in a row, despite timing of cancellation; there may be potential discharge from treatment. This will be discussed with you by your therapist.

Credit Card on File

We require a credit card on file for late cancellations and any balance due past 30 days. Your credit card will be stored in a HIPAA compliant electronic health system and you will receive an email with receipt with any charges made to your card. Please note we will notify you of any balance due on your account prior to your card being charged except for the \$75.00 cancellation fee which will automatically be charged to your card.

Please initial and sign below:

_____ (Required) I authorize North Shore Relationship Center to charge my card \$75.00 for any session canceled less than 24 hours in advance and for any balance due past 30 days. I have read and understand the above policy and authorize North Shore Relationship Center, PLLC to charge my card in the manner indicated by my initials above. I understand I will receive an email statement of all charges made to my credit card.

_____ (Required) I authorize North Shore Relationship Center to charge the card listed below for ongoing session fees. I understand I can use a different form of payment or change my card on file at any time.