

NO SHOW/NO CALL AND CANCELLATION POLICY

Daniel J. Holdwick, Jr., PhD [Michigan Licensed Psychologist, #6301011362]
Independent Contractor with Great Lakes Psychology Group

Consistent session attendance plays an important role in therapeutic effectiveness and desired therapeutic outcomes. With that in mind, I will work with you to the best of my ability to ensure that session attendance is not a barrier to you reaching your therapeutic goals. I understand that life happens, and unexpected events arise which may impact your ability to attend a session or might necessitate rescheduling one of our sessions. Below is my policy with regards to missing and late cancelling appointments:

- I require at least a 24-hour notice of cancelling or rescheduling appointments to avoid a no show or late cancel fee. Please contact me directly, leaving a message regarding your circumstances for cancelling or rescheduling by telephone - **(906) 205-2626** or email (djholdwick@gmail.com) as soon as possible.
- We will make every effort to reschedule your session.
Please call to reschedule your appointment by contacting GLPG: (800) 693-1916.
- The following result in a \$50 no show/cancellation fee per each missed session:
 - Cancelling less than 24 hours prior to your scheduled session
 - No showing to a scheduled session
 - Arrival more than 15 minutes late to your scheduled session. Unless late arrival is previously discussed / planned.
- The following conditions will NOT result in the above-stated missed session fee:
 - Family, Medical or psychiatric emergency
 - Weather-related travel or communication barriers,
 - I, Dan Holdwick, cancel the session
- After two no show/no call or late cancellations, I, Dan Holdwick, reserve the right to terminate treatment and/or facilitate transfer to another therapist.
- Fees for any missed session(s) are not reimbursed by insurance and are your sole responsibility. Fees will be discussed prior to your next session. Fees will be collected via **IVY Pay**, a HIPAA-compliant, secure payment collection tool for therapists, as well as by check, if preferred.

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- If you believe you should not be charged a fee for your missed session, please discuss your concerns with me as soon as possible so that you and I can resolve any impact it may have on your treatment.
- The above statements apply to both in-person and Telehealth sessions.
- If you are having difficulty or concerns about maintaining your session attendance, please let me know as soon as possible. I am more than happy to work with you to discuss barriers to session attendance and to adjust your session schedule, if possible, to better accommodate your scheduling needs.

By signing below, I acknowledge my understanding of the above statements and am in agreement with my responsibility to cancel sessions with requested notice. This document will be placed in your Electronic Medical Record.

Signature: _____ Date: _____

Name (printed): _____