



Jones Consultation & Psycho-educational Services, LLC

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6. NO SHOW AND CANCELLATION POLICY

I understand that a part of therapy services is attending sessions as scheduled. I understand and agree that if I DO NOT provide a 24 hour cancellation notice I will be charged a \$50.00 fee. This fee will be deducted from my credit card on file. I understand that if I NO SHOW for an appointment I will be charged a \$100.00 fee. This fee will be deducted from my credit card on file. Our office understands that "life happens", therefore, we will assess the above occurrences on an individual basis.