

# ELLIOTT M. STRICK, MA, LMFT

West Hartford Therapy Center LLC

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[www.elliottstrick.com](http://www.elliottstrick.com)

## Cancellation and Missed Appointment Policy

Name(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

I (or we) agree that I am responsible for and will pay for any missed appointments or cancellations made with less than 24 hours notice. Cancellation of Monday appointments **MUST** be made by 12 noon of the preceding Friday. Insurance plans do not pay for missed appointments. Cancellations must be done by leaving a telephone voice mail message to the office at 860-231-8459. Email cancellations are acceptable if made with at least 48 hours notice at [ElliottStrickLMFT@gmail.com](mailto:ElliottStrickLMFT@gmail.com).

Exceptions to this policy are as follows: when you notify me of a true emergency, such as if you have a sick child, you are sick in bed and unable to go to work, a death in your immediate family, or in the case when winter weather makes it unsafe to drive.

Signature(s): \_\_\_\_\_

\_\_\_\_\_

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