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HKM Psychotherapy Associates LLC
161 Cook Hill Rd Wallingford CT 06492

APPOINTMENT CANCELLATION POLICY

Please notify us at least 24 hours in advance if you need to cancel or reschedule an appointment. If your appointment is on a Monday, we ask that you advise us by 4pm the Friday prior. When a patient doesn't show for their scheduled appointment, another patient loses an opportunity to be seen. If you fail to keep an appointment you scheduled, or if you cancel an appointment without providing at least twenty-four hours notice, you will be subject to your session fee and/or co pay depending on your arrangement.

Please initial here indicating you have read and understand our cancellation policy:

Initials: _____ Date: _____