



Confidential Intake Information

Please print and complete legibly.

SCHEDULING AND CANCELLATION AGREEMENT

I understand that I am required to provide Institute of Modern Recovery 24-hours notice of cancellation of any appointment. I understand that I will be charged for any missed appointment or cancellation without 24-hours notice. If I miss three appointments without providing 24-hours notice, my therapist may terminate our sessions and provide referrals for counseling elsewhere.

I understand that my therapist will schedule my appointments directly with me. My therapist will attempt to give me at least one week's notice of his/her planned absences. During my therapist's planned absences, s/he will work with me to develop a plan to meet my needs. When advance notice is not available, my therapist or another staff member will contact me to make a plan to meet my needs.

I understand that my therapist is not available on an on-call basis. If I am unable to reach my therapist during a time of crisis, I may contact the San Diego Access and Crisis Line at 1-800-479-3339.

My signature indicates that I have read the Scheduling and Cancellation Agreement in its entirety, that I understand my responsibilities and have discussed any questions or concerns I have regarding this agreement with my therapist.

Client Signature

Date

Creston Davis, LMFT
Therapist Name

Therapist Signature