

Gina LaRose, LPC, LLC
4833 Conti St., Suite 202
New Orleans, LA 70119
(985) 265-7210

CANCELLATION POLICY

A missed appointment is a loss for three people:

- The client who needed the valuable time
- The counselor who was fully prepared for the appointment
- A client who could have used this available appointment time

Please note that when you schedule an appointment, the time is reserved exclusively for you. This office requires **24-hour notice** to make a change or cancel an appointment, unless due to extenuating circumstances that can be discussed between client and therapist. If you fail to cancel or not attend a scheduled appointment, your credit card will be charged a **full session fee** for a late cancellation or “no show.” If you have questions about what the cost of a full session fee is, please ask. New clients are allowed ONE emergency cancellation at no cost that can be used at their discretion.

CREDIT CARD REIMBURSEMENT POLICY

This credit card will also be kept on file to cover the cost of any unpaid session (including those not reimbursed by insurance), co-pays, and other fees that are the responsibility of the client.

Please provide your credit card information below. This information is stored securely and safely in compliance with Federal HIPAA regulations.

Credit Card # _____
Expiration date (mm/yy) _____
CVV # (3 digit code security code) _____
Zip Code _____
Name as it appears on the card _____

By signing below, I am indicating that I understand the above policy and authorize Gina LaRose, LPC, LLC. to charge the above credit card for unpaid session fees and associated costs.

Your (or Parent/Guardian) signature

Date