



Julie Larson, LCSW
www.julielarsonlcsw.com

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, I am unable to use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee (\$150) is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for, or cancel an appointment.

Likewise, should my account become delinquent, I agree to also pay all costs of collection of this account including: collection agency fees, legal costs and attorney fees.

Client Signature: _____ Date: _____

CONSENT FOR MENTAL HEALTH SERVICES

I, the undersigned, agree and consent to participate in the mental health services offered and provided by Julie Larson, LCSW, a mental health provider or licensed social worker, as defined in New York law.

I understand that I am consenting and agreeing only to those mental health services that the above provider is qualified to provide within the scope of the provider's license, certification, and training.

Client Signature: _____ Date: _____