**Joan Rockwell, LCSW, PLLC**

2915 Hunter Mill Road, Suite 14, Oakton, Virginia 22124

(703) 919-9594

Joanrockwell.lcsw@gmail.com

**Cancellations and Missed Appointments**

Please try to make every effort to notify me if you will be arriving late. If you will be more than 15 minutes late, we can decide if it would be better to reschedule your appointment. Please note, if you arrive to your session late, your session will still end at the scheduled time.

If you would like to cancel or reschedule your appointment, please notify me at least 24 hours in advance. **Failure to notify me 24-hours in advance will result in a $75.00 late cancellation fee.** Should you experience an emergency that prevents you from attending your scheduled session, your late cancellation fee may be waived. This will be decided on a case-by-case basis.

Frequent no-shows or cancellations will result in being discharged from my practice. In the event of an emergency on the therapist’s behalf, all possible efforts will be made to notify you as soon as possible.

**Joan Rockwell, LCSW, PLLC**

2915 Hunter Mill Road, Suite 14, Oakton, Virginia 22124

(703) 919-9594

joanrockwell.lcsw@gmail.com

**Cancellations and Missed Appointments**

I understand that I will be financially responsible for any late cancellation fees (cancellations less than 24-hours in advance), and that my insurance does not cover any cancellations. I understand that I will be charged a fee of $75.00 for each late cancellation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name