

Solution Counseling
51 South Main Avenue, Suite 304
Clearwater, Florida 33765

Statement of Responsibility for Payment During No Shows or Late Cancellations

I understand and agree to give 24 hours notice if I am unable to keep any appointment. I understand that if I fail to show for a scheduled appointment, or if I do not cancel with 24 hours notice, I will be charged my co pay or a fee of \$35.00 and will be responsible for payment of that fee.

Signature

Date