



Attendance Agreement
Tania M. Lewis Professional Services

To get the most out of your treatment, it is important to make it a top priority. You must try to keep all of the appointments (visits) that you schedule. To support you in this effort, we ask that you review and sign this form to show your commitment.

I have read and understand the following:

- I will commit to my treatment with Tania M. Lewis Professional Services. I will make it a priority to go to all scheduled visits.
- If I need to cancel a visit, I must call **at least 24 hours in advance**. This allows Tania M. Lewis Professional Services to give my time slot to another client.
- I understand and accept that if I fail to inform Tania M. Lewis Professional Services to cancel a scheduled visit I will be required to pay an additional \$25 cancellation fee before services can continue.
- Tania M. Lewis Professional Services will only call to remind me of my **first** visit.
- **If I miss two visits within six months, and I do not call to cancel them,** Tania M. Lewis Professional Services may stop providing me services.
- **If I stop seeing attending for 90 days or more,** I may need to complete another set of intake forms if I want to return to therapy.

Client name (please print) _____

Client signature _____ Date _____ Time: _____

Therapist signature _____ Date _____ Time: _____