

Tania Davidson, PhD, Registered Clinical Psychologist



NO-SHOW AND CANCELLATION POLICY

This is my declaration of agreement regarding missed or cancelled appointments. I understand and agree to the following:

1. It is my responsibility to notify Dr. Davidson at 022 534 4533 or email drtaniadavidson@hushmail.com at least 24-hours prior to the scheduled appointment if I am unable to keep the scheduled appointment.
2. I agree that I will be billed the regular fee in the event that I miss an appointment or fail to cancel at least 24-hours prior to the scheduled appointment.
3. If I violate this policy, I agree to be charged for the session automatically by credit card (complete below).

Patient: _____

Clinician: _____

Date: _____