



Collaborative
Counseling & Psychiatry

2401 Harnish Drive, Suite 100
Algonquin, IL 60102

2210 Dean Street, Unit D
St. Charles, IL 60175

Cancellation Policy

When you must cancel an appointment, please give us at least 24 hours' notice so we can offer your appointment to another patient if appropriate. We are rarely able to fill a cancelled appointment unless we know **at least 24 hours in advance**.

If you do not provide at least 24 hours' notice when you cancel, you will be charged a \$100 no-show fee.

A credit card number needs to be provided when initiating services at Collaborative Counseling & Psychiatry.

Please note: Insurance companies do not typically reimburse for missed appointments.

Date: _____

Signature: _____

Signature of patient or responsible party if patient is a minor or
is otherwise unable to sign for themselves.

Printed Name of Patient or Responsible Party

Capacity of Responsible Party (e.g., parent, guardian, etc.)