

NOTICE OF CANCELLATION

JODIE SCOTT, PH.D., LMHC, NCC, D-CEP

DBA STILL POINT COUNSELING, INC

TELEHEALTH VIA WWW.DOXY.ME/STILLPOINT OR ZOOM.

407-628-3301

WEBSITE: JODIESCOTTPHD.COM EMAIL: JODIESCOTTPHD@GMAIL.COM

IN AN EFFORT TO OFFER SESSION TIME TO A CLIENT WHO MAY BE WAITING FOR AN APPOINTMENT, STILL POINT COUNSELING REQUIRES A 48 HOUR WORK DAY NOTICE TO CANCEL OR CHANGE AN APPOINTMENT UNLESS AN EMERGENCY, INCLEMENT WEATHER, OR ILLNESS OCCURS.

IT IS DR. SCOTT'S POLICY TO WAIT 15 MINUTES PAST YOUR SCHEDULED APPOINTMENT TIME ON WWW.DOXY.ME/STILLPOINT . AFTER THE 15 MINUTES, DR. SCOTT WILL EXIT THE PLATFORM. IF YOU KNOW THAT YOU ARE GOING TO BE LATE, PLEASE TEXT DR. SCOTT AT 321-501-9781. THIS LINE IS FOR TEXT MESSAGES ONLY. THE SESSION WILL CONCLUDE AT THE USUAL TIME EVEN IF YOU ARE LATE.

INSURANCE CAN NOT BE BILLED FOR MISSED APPOINTMENTS, THEREFORE, A FEE OF \$125.00 WILL BE CHARGED TO YOUR CARD. PLEASE UNDERSTAND THAT THIS IS NOT PERSONAL, THAT PROVIDING COUNSELING IS THE PROFESSIONAL SERVICE I PROVIDE TO EARN A LIVING.

YOUR FINANCIAL INFORMATION IS KEPT UNDER LOCK AND KEY. DR. SCOTT IS THE ONLY ONE WHO HAS ACCESS TO YOUR INFORMATION.

YOUR SIGNATURE AT THE BOTTOM OF THIS PAGE INDICATES THAT YOU UNDERSTAND AND ACCEPT THIS POLICY.

CARD TYPE: VISA _____ MASTERCARD _____ OTHER _____

FULL NAME ON CARD _____

CARD NUMBER _____

EXP DATE _____

CVV CODE _____

BILLING ZIP ASSOCIATED WITH CARD _____

I AUTHORIZE JODIE SCOTT, PH.D. (STILL POINT COUNSELING) TO CHARGE MY CARD \$125 IN THE EVENT I DO NOT GIVE THE 48 HOUR NOTICE TO CANCEL OR CHANGE MY APPOINTMENT.

SIGNATURE _____ DATE _____

