

**Yaron M. Peer, LCSW**  
1133 Broadway  
5th Floor, Suite 521  
New York, NY 10010  
(347) 762-2713

**Cancellation Policy:**

Effective March 1st 2020 I have implemented a cancellation policy in order to provide quality therapeutic care in a timely manner. The policy enables a better utilization of available appointments for current and prospective clients.

**Cancellation of an Appointment:** I kindly ask for as much notice as possible if you need to cancel an appointment. I require that you call **24 hours** before your scheduled appointment. Failure to show for an appointment or to cancel within 24 hours will result in a charge of the *full fee* of the session. Please note insurance companies *do not* reimburse for missed sessions.

**How to Cancel Your Appointment:** You may call (347) 762-2713 or email [aronpeerlcsw@gmail.com](mailto:aronpeerlcsw@gmail.com) to cancel or reschedule your appointment. Please leave a detailed message including the date and time of your appointment.

**Credit Card Information:** Please provide a credit card to be kept on file in the event of a missed or canceled session with less than 24-hours notice given.

**Name on Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration:** \_\_\_\_\_

**CVV Code:** \_\_\_\_\_

*I have received this Cancellation Policy with an effective date of March 1st, 2020 and I understand I may contact Mr. Yaron M. Peer should I have any questions regarding this policy. I authorize Mr. Yaron M. Peer to charge the above credit card for a missed or cancelled session with less than 24-hours notice.*

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**Client Printed Name**

**Signature**

**Date**