

Appointment Cancellation Policy & Consent

Persona Psychological Group

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Policy Overview

For both insurance and private pay clients:

Once an appointment is scheduled, you are requested to provide **at least 24 hours' advance notice** if you need to cancel or reschedule (weekends do not apply). For example, if your regular appointment is on Monday, you must cancel by Friday morning of the preceding week.

This policy reflects the industry standard for counseling and psychotherapy professionals. Regular and consistent attendance is essential for progress in treatment and long-lasting change.

Late Cancellation & No-Show Fees

- **Fee:** \$100 per occurrence or a maximum of \$225 for a full session.
 - Applies to:
 - Cancellations with less than 24 hours' notice
 - No-call / no-show appointments
 - This fee is **not covered by insurance** and is the client's responsibility.
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Payment Details

- Clients using **Headway** for insurance billing will have the cancellation fee charged through the **Headway platform** (www.headway.co).
- For **private pay clients**, a **credit card authorization form** will be provided via the secure electronic client portal, and fees will be charged directly to the card on file.

- You can download the SimplePractice Client Portal app:
 - Apple Store (iPhone/iPad):
<https://apps.apple.com/us/app/simplepractice-client-portal/id1466793305>
 - Google Play (Android):
<https://play.google.com/store/apps/details?id=com.simplepractice.clients>
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Exceptions

- The practitioner reserves the right to cancel same-day appointments when necessary. If this occurs, you will not be charged.
 - As an understanding measure, a reduced fee may be offered as a **one-time exception** for a first occurrence.
 - Repeated cancellations can disrupt treatment and may result in referral or case closure.
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Communication

To cancel or reschedule an appointment, please **call or text (562) 250-4452**.

Acknowledgment & Consent

I have read, understood, and agree to the Appointment Cancellation Policy outlined above. I understand that:

- I am responsible for the \$100 cancellation/no-show fee if I do not provide at least 24 hours' notice.
 - This fee will be billed through Headway (for insurance clients) or charged to my card on file (for private pay clients).
 - Repeated late cancellations may result in referral or case closure.
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Client Name: _____

Client Signature: _____ Date: _____