

Mason L. Kelly, LCSW
8553 S. Stony Island Ave., FL 1
Chicago, Illinois 60617
(773) 972-3577

24 hour Notice for Cancellations or Rescheduled Appointments

I _____ understand that I must provide Mason L. Kelly, LCSW notice if I am unable to attend my psychotherapy appointment at least **24 hours in advance** of my scheduled appointment. If I fail to do so, I will be charged the full amount for my missed therapy session. My continued therapy with Mason L. Kelly, LCSW may be terminated, at his discretion, if I fail to contact him at least **24 hours in advance** to inform him that I am unable to attend my scheduled appointment. I understand if I develop a pattern of rescheduled appointments, I may be also terminated from meeting with Mason Kelly, LCSW.

(client)

(date)

Mason L. Kelly, LCSW

(date)