

IRISE Counseling Services, LLC



Cancellation Policy

I realize that clients may need to cancel or change their appointments from time to time. If you must do so, please contact the office by calling (225) 647-9001 or email me at irisecounselingservices@gmail.com 24 hours before your scheduled appointment time. If you fail to cancel in a timely manner, I cannot fill the spot with another client and you will be charged for the full cost of the appointment.

Insurance does NOT cover missed appointment fees.

Current fees

90 minutes Substance Abuse Assessment--\$175.00

90 minutes Intake Session--\$150.00

45 minutes session--\$85.00

60-minutes session \$105.00

60-minute couple session \$125.00

Anger Management Sessions \$65.00

- If you do not show up for your scheduled therapy appointment, and you have not notified us least 24 hours in advance, you will be required to pay the full cost of the session. All future session will be cancelled, and new appointments will not be made until payment is made in full.
- If you are late for a session, the session will still end at the regularly scheduled time and you will be billed for the full amount.
- If you are more than 15 minutes late for a session and do not notify the office, your appointment may be given to another client or I may leave for the day.

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• If you missed 3 consecutive appointments or do not rescheduled an appointment with in 60 days, your
will be discharged.

• Exceptions to this policy are only given for extreme emergencies and at my discretion.

I AGREE to provide a valid email address _____ to have an
invoice send to me to pay in full for the session in case of non-compliance with the 24-hour Cancellation
Policy. I authorize Laurice Harrison to charge me for any missed appointments fees.

I will pay each session in full by cash, check or square invoice prior to scheduling another appointment.

I agree to text message and email reminders of my appointment.
Provide a valid phone number and email address:

Phone Number: _____

Email Address: _____

By Signing below, I have read and agree to comply with the 24-Hour Cancellation Policy.

Client Signature (Client's Parent/Guardian if under 18)

Date

Print name of Client _____