

SURPRISE BEHAVIORAL HEALTH

Ruth J. Cohen, L.M.F.T.
16804 W. Palisade Trail Lane
Surprise, AZ 85387

623-337-3388 www.surprisebehavioralhealth.com (623)298-2068

**DECLARATION OF AGREEMENT REGARDING MISSED OR
CANCELLED APPOINTMENTS**

I understand and agree to the following:

1. It is my responsibility to notify Ruth Cohen with SURPRISE BEHAVIORAL HEALTH at 623-337-3388 at least 24 hours prior to the scheduled appointment if I am unable to keep my scheduled appointment.
2. I agree that I will be billed and responsible for paying the fee of \$85.00 in the event that I miss an appointment or fail to cancel at least 24 hours prior to the scheduled appointment.
3. I understand that the fee charged for a “No Show” or late cancellation must be paid before I will be able to reschedule.
4. Exceptions will be made for emergency situations on a case by case basis.

PATIENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____
(if patientt is a minor)

I acknowledge that I have received a copy of my patient rights.

PATIENT: _____ DATE: _____

WITNESSED BY: _____ DATE: _____
Ruth J. Cohen, L.M.F.T.

E-MAIL ADDRESS: _____