

# No-Show Appointment Policy

Dear [Client's Name],

Thank you for choosing [Your Practice Name] for your psychotherapy needs. We are committed to providing you with the best possible care. To ensure the most effective use of our time together, we have implemented a no-show appointment policy.

## No-Show Policy Details

If you are unable to attend a scheduled appointment, we kindly request that you provide at least [24/48] hours' notice. Failure to do so will be considered a no-show, which incurs a [specific fee, if applicable] charge to cover the lost time.

We understand that emergencies and unforeseen circumstances may arise. If this occurs, please contact us as soon as possible to discuss your situation. We are happy to reschedule your appointment whenever appropriate.

Your cooperation with this policy helps us to serve all clients better and maintain an effective schedule. Thank you for your understanding.

Warm regards,

[Your Name]  
[Your Title]  
[Your Practice Name]  
[Contact Information]