



*Denise J. Hockley* MS, LMFT

OR License # T1513 CA License # LMFT30255

LICENSED MARRIAGE  
& FAMILY THERAPIST

PHONE: 760-822-7729  
EMAIL@DENISEHOCKLEY.COM

10700 SW BEAVERTON HILLSDALE HWY. BLDG. 3, STE. 546, BEAVERTON, OR 97005 | WWW.DENISEHOCKLEY.COM

### Cancellation and Payment Policies

Psychotherapy services are by appointment only. The length of the appointment is 50 minutes for all sessions. Please give me 24 hours' notice (1 Business Day) for any appointment you will need to cancel (leaving a notification on my voice-mail is acceptable). Monday appointments must be cancelled by Friday at your appointment time. Because each appointment time is reserved specifically for you, it is necessary to charge a late cancellation fee of \$55.00 for appointments, which are cancelled with less than 24 hours' notice. The same fee will apply if you fail to show for a scheduled appointment without calling to cancel. Insurance will not pay.

I will be keeping your credit card on file for any copay, late cancellation or no-show fee. This will be charged the same week of the appointment scheduled.

**I authorize the use of my credit/debit card as described below for charges related to services provided by Denise Hockley, LMFT, including:**

- Payment for my sessions, in person or teletherapy, in the amount established by my provider \_\_\_\_\_ (fee per session).
- Payment for a no-show or missed session without 24 hours' notice.
- Payment for past due sessions.

I understand that the amount charged on my card will be reflected on my credit card statement and that "**Denise Hockley, LMFT**" (or an abbreviated version) will appear on my credit card statement. \_\_\_\_\_ (Initial).

I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy. \_\_\_\_\_ (Initial).

### Understanding of Payment Policies

I have read the above statements and agree to the payment of both actual and late/no-show fees as outlined.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date