



Paradigm Hawaii Counseling Cancellation Policy & Communication Consent

Because of the nature of counseling and psychotherapy services, providing advanced notice before cancelling or rescheduling an appointment is very important. Consequently, we have a policy where we request that clients please cancel at least two days or 48-hours in advance of your scheduled appointment. This is important because we will not plan to do anything other than meet with you during a scheduled appointment slot.

Please note that if the appointment is cancelled or rescheduled less than 48-hours from scheduled appointment, a cancellation fee of \$100.00 will apply to the first cancellation, \$150 for the second cancellation, and \$200 for the third cancellation, and for each appointment missed thereafter. Your provider will notify you if you have missed an appointment, and you will be invoiced for cancellations. Please send payment to:

Paradigm Hawaii Counseling Attn: Keri Lim
970 N. Kalaheo Ave., Suite A-216 Kailua, HI 96734

If you feel that you have been charged in error, or dispute the charges, please call Keri at (808) 387-4355 or email her at paradigmhawaii@gmail.com upon receipt.

All cancellations done at least 48 hours of scheduled sessions will not be charged the fee.

Examples of situations where the cancellation fee *will not* be charged:

- hospitalization due to sudden illness or injury to self or dependent
- death (of client, or of immediate family member/dependent under client's care)
- major/unforeseen traffic congestion (due to an accident or road-related work, and not due to poor time management) • property catastrophe (i.e., fire, flood, wind damage)
- car unable to start or sudden flat tire (not due to poor vehicle maintenance)
- flight cancellation and delay or return trip to Hawaii

Examples of situations where the cancellation fee *will* be charged:

- being detained at work
- sickness/sick child (non life-threatening illnesses) unless accompanied by a doctor's note on the same day as missed scheduled appointment.
- lack of transportation
- lack of childcare
- extension of travel within personal control
- forgetting appointment/oversleeping

Please initial on the line to indicate that you understand and agree to this cancellation policy. _____

Communication Consent

In addition to sessions and phone calls, you can contact your counselor via email and/or text messaging. Please initial on the line to indicate that you understand that while all communication between a clinician and a client shall be held in the strictest of confidence, we cannot guarantee that these forms of communication are secure. Please understand that any correspondence can be considered part of your medical record. In this regard, we ask that text and email correspondence be limited to logistic (e.g. scheduling) purposes. Please initial to indicate that you understand and agree to this consent. _____