**CANCELLATION POLICY**

**Please sign this form and email it to:** **susan@susanodellphd.com**

**Susan L. O’Dell, PhD, LCSW**

**Cell: (773) 405-4637**

**Website:** [**www.susanodellphd.com**](http://www.susanodellphd.com)

**This office has a policy of charging the full amount of your session for missing or cancelling an**

**appointment with less than 24 hours-notice. For those persons who are using health insurance, please understand that you will be billed and responsible for paying the full amount your insurance pays for your session. I cannot bill your insurance company for missed appointments.**

**All cancellations must be done through Dr. O’Dell directly by calling/texting (773) 405-4637.**

**Thank you for your attention to this important matter.**

**If you have questions, or need clarification regarding this policy, please don’t hesitate to ask Dr. O’Dell before signing this form.**

**Client Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**