

# Dana Smith LICSW, MSW, CMH, PLLC.

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Smith Counseling Services  
714 E. Edison Ave. Ste B  
Sunnyside, WA 98944  
509-515-0420

LICSW #: 00009250  
Tax ID #: 46-3306721  
NPI #: 1235485509

## “No Show” / Late Cancellation Fee Policy

All appointment cancellations must be made 24 hours or more prior to your scheduled appointment. Appointments are in high demand and your early cancellation will give another person access to timely care. Any cancellations not made with at least 24 hours notice will result in a \$80 cancellation charge. Emergency cancellations will be subject to a waived fee if discussed and agreed upon by both the client and Dana Smith. The client **MUST** make contact prior to the scheduled appointment time to report an emergency or unexpected illness has occurred to avoid the fee.

Common Emergencies that will ‘NOT’ be considered are:

- Last minute work conflicts.
- Other conflicting appointments (i.e. doctor, dentist, etc.).
- Unplanned out of town trips.
- Oversleeping past your appointment time.

An administrative fee of \$80.00 will be WAIVED for the first ‘late cancellation or no show’. Three occurrences of this nature will result in the provider discussing with the client if a temporary pause in therapy should occur, as it is often disruptive to the therapeutic process.

### **HOW TO CANCEL AN APPOINTMENT**

To cancel appointments, please call 509-515-0420. If you do not reach office staff, please leave a detailed message on the voicemail. You may also choose to cancel by email to [danasmith7411@gmail.com](mailto:danasmith7411@gmail.com) (which is the preferred method for a timely notice to the provider)

A copy of your credit card will be kept on file for such occasions.

My signature indicates that I understand that it is my responsibility to notify Dana Smith LICSW, MSW, CMHS, PLLC if I am unable to attend my scheduled appointment time with 24 hours or more advanced notice. I give Dana Smith LICSW, MSW, CMHS, PLLC permission to charge my credit card a “No Show”/Late Cancellation fee of \$80 if I do not give the required 24 hours notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Please use this card for any “No Show”/ late cancellation fees.

Cc # \_\_\_\_\_ Exp \_\_\_\_\_ Zip \_\_\_\_\_