



PATS

PSYCHOLOGICAL ASSESSMENT
&
TREATMENT SERVICES, LLC
FOSTERING CHANGE. FOSTERING GROWTH

Daniel A. Patz, Psy.D., L.M.H.C.

Licensed Psychologist

Licensed Mental Health Counselor

Francine Odio, Psy.D., L.M.H.C.

Licensed Mental Health Counselor

Missed Appointment/Late Cancellation Policy

Important information regarding your account

We value our relationship and are here to help you in your time of need. Please be advised our office has a **missed appointment policy**. A missed appointment is when you cancel with **less than 48 hours of notice**, arrive more than 15 minutes late without prior notice, or fail to show to the appointment. **There is a \$50 fee** for missed appointments that is to be paid prior to your next appointment. Any exceptions are at sole discretion of the office with proper documentation.

I the undersigned, have read and understand the Missed Appointment/Late Cancellation Policy and agree to the terms above. I hereby authorize that in the event of a missed appointment, credit card will be charged \$50 prior to my next appointment.

Parent/guardian signature

Date

Print name of person signing

If other than the patient (Patient name) _____

Is signing, are you the legal guardian, custodian, or have Power of Attorney for this patient, for treatment, payment or health care operations? Yes or No

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