

VALERIE T. RELACION, M.D., PC
ADULT, CHILD, AND ADOLESCENT
PSYCHIATRIST

Cancellation and Rescheduling Policy:

Cancellations or requests to reschedule appointments must be made at least 48 business hours before the scheduled appointment time.

Cancellations or requests to reschedule made with less than 48 business hours' notice will result in the patient being charged the **full session fee**.

Weekends and holidays are not considered business days for the purpose of this policy.

Exceptions:

In cases of true emergencies, our office may consider waiving the cancellation or rescheduling fee. It is essential to provide documentation or explanation for consideration.

By signing below, I acknowledge that I have read and understood the cancellation and rescheduling policy and I agree to comply with its terms.

----- Date: -----
Patient Signature:

----- Date: -----
Parent/Guardian Signature (if applicable):

