

Joan Furman, MSN, AHN-BC, CET III
1720 West End Avenue, Suite 540, Nashville, TN 37203

Cancellation Policy

The purpose of this policy is to encourage my clients to take their appointments as seriously as I do. My part of this agreement is to be ready for you when you arrive and to assure that you do not have to wait for scheduled appointments. Please sign below that you understand this policy and are in agreement.

I understand that it is my responsibility to keep track of my appointments and to notify Joan Furman if there is a change in my schedule.

I understand that my appointment time has been reserved for me, and that if I am late, my appointment still begins and ends on time.

Should I miss or cancel an appointment with less than a 24-hour notice, I will pay the full amount of the reserved session. In the event of inclement weather, I have the option of a phone session or a Skype session.

I will be offered reasonable opportunities for payment plans in the event of life changing circumstances.

If I fail to pay the entire fee, and I have not agreed to and followed an alternate payment plan, I understand that my account may be handled by a collection agency. If that occurs, I agree to pay court costs, collection fees and attorney fees.

Your signature: _____

Please print your name: _____

Date: _____