



**NEUROBLOOM**  
PSYCHOLOGICAL CLINIC

**PRIYA K. RAO, Ph.D.**

**MISSED OR CANCELLED APPOINTMENTS**

**Client's Name:** \_\_\_\_\_

Missed appointments or those canceled less than 24 hours prior to the scheduled appointment time are subject to a fee of \$75/-

Thank You for your understanding. Should you have any questions or concerns regarding this policy, I would be glad to discuss this with you.

By signing below, I agree to comply.

\_\_\_\_\_

(Patient/Client Signature)                      Date

\_\_\_\_\_

(Witness)    Date