

Deborah Serani, Psy.D.

Psychologist | Psychoanalyst

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CANCELLATION POLICY

I, _____, recognize and appreciate the significance of honoring my scheduled appointment time and the commitment essential for effective psychotherapy, be it in-person session or via telemedicine sessions. I hereby consent to the following cancellation policy:

- I commit to providing DEBORAH SERANI, PSY.D. with a minimum of 24 hours' notice should I need to cancel or reschedule an appointment. This proactive notice allows my her to manage her schedule efficiently.
- In the event of cancelling an appointment with less than 24 hours' notice or failing to attend a scheduled session without prior notification, I acknowledge the responsibility of covering a cancellation fee equivalent to the full session cost. This fee serves to compensate DEBORAH SERANI, PSY.D. for the reserved time.
- Should the need arise to reschedule an appointment, I will promptly reach out to her to arrange an alternative time that works for both of us.
- In instances of genuine emergencies preventing my attendance at a scheduled session, I will inform DEBORAH SERANI, PSY.D. at the earliest opportunity, detailing the circumstances. She and I will discuss the potential waiver of the cancellation fee, assessing each situation on a case-by-case basis.
- I pledge to maintain transparent and open communication with DEBORAH SERANI, PSY.D. concerning any scheduling matters or emergencies. This encompasses promptly responding to communications from my her regarding appointment confirmations, reminders, or any other pertinent issues.

By signing below, I affirm that I have thoroughly read, comprehended, and consent to abide by the terms outlined in this cancellation policy.

Patient's Signature

Date