

From the office of Elizabeth Santana LCSW, PC

Cancellation Policy

If you fail to cancel a scheduled appointment, I am unable to use this time for another client and you will be billed for the entire cost of your missed appointment. A full session fee (\$200) is charged for missed appointments or cancellations with less than a 24-hour notice. Payment is due at the time of service.

Client Signature: _____ Date: _____

Consent For Mental Health Services

I, the undersigned, agree and consent to participate in the mental health services offered and provided by Elizabeth Santana, LCSW, PC, a licensed clinical social worker, as defined in New York, New Jersey and Pennsylvania law.

I understand that I am consenting and agreeing only to those mental health services that the above provider is qualified to provide within the scope of the provider's license, certification, and training.

Client Signature: _____ Date: _____