

James L Moog MA LMFT MAC BCETS

Individual, Couple & Family Therapy

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925-339-1964 / fax 925-838-4575

License MFT17484

Cancellation Policy

Client Information

Client Last Name _____ First Name _____ MI _____

DOB ____/____/____

Client Address _____

Client Home Phone _____ Cell/Work Phone: _____

If you are unable to attend an appointment, please provide at least 24 hours advance notice for a single session and at least 48 hours advance notice for a double session. This will allow for the time to be given to another client, otherwise, fees for the time scheduled still apply.

If cancellation is for illness or an emergency, cancellation fee will be waived.

Thank you for your consideration with this policy.

Client Signature _____ Date _____

(Client's Parent/Guardian if under 18)