

Sheila Marshall, MA
Licensed Marriage and Family Therapist
Pupil Personnel Services Credential
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DECLARATION OF AGREEMENT
REGARDING MISSED AND/OR CANCELLED APPOINTMENTS

I understand and agree to the following:

1. It is my responsibility to notify this office @ 909-437-0765 at least 24 hours prior to the scheduled appointment.
2. I agree that I will be billed the customary hourly rate in the event that I miss an appointment or fail to cancel 24 hours prior to the scheduled appointment.

Patient Signature

Printed Name

Practitioner

Date