

No Show Policy

Attending scheduled appointments is important. Frequent absences impact our ability to provide adequate patient services and may result in termination of services. Please place your **INITIALS** on each line to indicate that you agree to the Behavioral Health Department “no show” policies.

- 1) _____ Patients are considered a “no show” if they do not cancel within 24 hours.
- 2) _____ Two (2) consecutive “no show” appointments will require therapist approval to reschedule.
- 3) _____ Patients need to call 24 hours in advance when cancelling/rescheduling
- 4) _____ Patients cannot be late to their appointments more than four (4) times.
- 5) _____ Patients must check in 10 minutes prior to their follow up appointment.
- 6) _____ Patients are considered a “no show” if they leave prior to seeing their therapist.
- 7) _____ Minors must be accompanied by an adult at check-in.

PLEASE NOTE:

All **reminder calls are a courtesy** to our patients. It is the **patient’s responsibility** to remember their scheduled appointment date and time.

Print Patient Name

Signature of Patient
or Patient’s Representative

Relationship to Patient
(If not self)

Date

Print Witness Name

Signature of Witness

Date