



BEHAVIORAL HEALTH SERVICES – ATTENDANCE CONTRACT

In order to maximize the benefits of behavioral health services, it is very important that all scheduled appointments be attended on time. The consistency of attending sessions assures that you (or your child) will obtain the maximum benefit of treatment in meeting your goals. A missed or late appointment impacts both you and other patients.

1. I agree to call to cancel my appointment at least 48 hours in advance or as soon as I am aware that I cannot attend my scheduled appointment. If I do not call to cancel and do not attend my appointment, this will be considered a “no-show.”
2. I understand that canceling three (3) scheduled appointments in a six (6) month period is grounds for discharge from behavioral health services. If I must cancel the appointment due to an illness or emergency, I will contact the clinic as soon as possible. Family emergencies will be considered.
3. I understand that three (3) “no-shows,” within a six (6) month period, are grounds for discharge from Behavioral Health Services.
4. I understand that two (2) consecutive “no shows” will result in standby status, meaning I will lose the privilege to schedule an appointment and will have to come in to clinic when a Behavioral Health provider is present on site to wait for an available appointment.
5. I understand that if I arrive ten (10) minutes late for my scheduled appointment, I may not receive behavioral health services that day, at the provider’s discretion.
6. I understand that if my regular Behavioral Health provider is not available, I will be given the option to see another Behavioral Health provider, if one is available.

Your signature below indicates your understanding of and willingness to abide by the Behavioral Health Services attendance policy.

Signature of Patient or Authorized Representative

Date

Please print patient’s name: _____