

BEHAVIORAL HEALTH DEPARTMENT

NO-SHOW POLICY

No-Shows interfere with our patients' ability to benefit from counseling services. By initialing each line, you are agreeing to the Mental Health Department's no-show policies.

1. _____ **If patient fails to show for 2 appointments, patient will not be rescheduled.**
2. _____ **Patients are considered no-shows if they cancel within 24 hours.**
3. _____ **Returning patients cannot be late to their appointments more than 4 times.**
4. _____ **New patients cannot be more than 15 minutes late to their initial intake.**
5. _____ **Patients will be considered no-shows if they decide to leave during
Appointment.**
6. _____ **Minor must arrive with a parent/legal guardian & have appropriate guardianship
Paperwork.**

PLEASE NOTE:

We do not make routine appointment reminder calls. All reminder calls are strictly as a courtesy to our patients. It is the patient's responsibility to remember their appointment date and time.

Name of patient _____ Date ____/____/____
Parent/Legal Guardian

Signature of Patient _____ Date ____/____/____
Parent/Legal Guardian

Witness Signature _____ Date ____/____/____