



## Compassion Pediatrics Behavioral Health No Show, Cancellation, and Late Arrival Policy

Failure to appear for a scheduled appointment creates delays in scheduling other clients and serves as a disruption in the effective delivery of services. Compassion BHS requires clients to sign this agreement stating that you understand that unannounced absences from appointments may result in the termination of your care.

### NO SHOW

- I understand that if I No Show for *initial* appointment (3) times I will be placed **3 months** out on all providers schedule (Counseling and APRN) regardless of availability.
- I understand that if I No Show for *Follow-up* appointment (3) times I will be placed **3 months** out on all providers schedule (Counseling and APRN) regardless of availability.

### CANCELLATIONS:

- I understand that I will make every attempt to give 24-hour notice if I need to cancel my appointment.
- I understand that if I don't give 24-hour notice to cancel, the session will be recorded as a no show.
- I understand that if I cancel my *initial* appointment (3) times consecutively I will be placed **3 months** out on all providers schedule (Counseling and APRN) regardless of availability.
- I understand that if I cancel my *Follow-up* appointment (3) times consecutively I will be placed **3 months** out on all providers schedule (Counseling and APRN) regardless of availability.

### LATE ARRIVALS for ALL Services:

- If you are late for your appointment, and other patients arrive on time. Their appointment time will be honored first. There is no guarantee of same day appointment and will be left up to the clinic's discrepancy.
- The clinic is unable to determine your wait time if you are late for arrival and choose to wait for a possible opening to be seen for same day appointment.
- If I arrive 10 minutes late for a 30 minute counseling appointment or 15 minutes late for a 30 minute counseling appointment or ANY medication management you will be re-scheduled for the next available appointment and will be marked as a No Show if no same day appointments are available.

I understand and agree to comply with the Compassion Pediatrics No Show/Cancellation/Late Arrival policy.

X \_\_\_\_\_  
Signature of patient (ages 16 years or older)

\_\_\_\_\_  
Date:

X \_\_\_\_\_  
Signature of legal representative for patient under 16

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Date: