NO SHOW, LATE, AND CANCELLATION POLICY ACKNOWLEDGEMENT FORM

Client Name: _____ SSN: _____

Dear Client,

It is the policy of CRBH to monitor and manage appointment no-shows and late cancellations. CRBH's goal is to provide excellent care to each client in a timely manner. We schedule our appointments so that each patient receives the proper amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointments with us, and arrive on time.

"No Show" shall mean any client who fails to arrive for a scheduled appointment. "Same Day Cancellation" shall mean any client who cancels an appointment less than 24 hours before their scheduled appointment. "Late Arrival" shall mean any client who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

If it is necessary to cancel an appointment, clients are required to call or leave a message at least 24 hours before their appointment time. Notification allows CRBH to better utilize appointments for other clients in need of prompt care. **If the client is being prescribed medication by a CRBH prescriber and "no-shows/same-day cancels, the prescriber may issue one refill on the medication only.** The client will have to reschedule an appointment and be seen by the prescriber before another prescription will be written. **For clients taking a scheduled medication, the prescriber may decide to not grant a refill until the client is seen again.**

For a new client that has not seen a prescriber and no shows/same day cancels, CRBH will require the client to be seen by their therapist prior to another appointment being scheduled with a prescriber. The prescriber may excuse this requirement based on a case by case one time. The rescheduling without seeing a therapist must be approved by the prescriber.

In the event a client arrives late as defined by "late arrival" to their appointment, the prescriber will see the client if they do not have anyone with them or they may wait until the prescriber has an opening. If the client cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit. **If a client repeatedly arrives late for their appointments with a prescriber (3 or more times), the prescriber reserves the right to not see the client on that day and require the client to reschedule their appointment for another day.**

In the event of three (3) documented "no shows" and/or "same-day cancellations," the client may be subject to having their chart closed and they would be required to repeat the intake process for a new client before scheduling with a CRBH prescriber again. The client's chart is reviewed and chart closings are determined by the prescriber.

By signing this form, I acknowledge that I understand the "no-show" policy. I also acknowledge and understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential discontinuation of my pharmacological treatment.

For purposes of this policy acknowledgment, the following definitions apply: a) a **"No Show"** means any client who fails to arrive for a scheduled appointment; b) a **"Same Day Cancellation"** means any client who cancels an appointment less than 24 hours before a scheduled appointment; and c) a **"Late Arrival"** means any client who arrives at the clinic 15 minutes after the expected arrival time for a scheduled appointment. A client that arrives 45 or more minutes late will be considered a "No Show".

Client Name _____ SSN _____

If you find it necessary to cancel an appointment, you are required to call or leave a message at least 24 hours before your appointment time. This allows CRBH to better utilize appointments for other clients in need of prompt care.

If you are scheduled to see a CRBH outpatient therapist, the following rules apply:

a. If you are a "Late Arrival" to your appointment, the therapist may see if you if their schedule permits or until their next appointment arrives or you may wait until the therapist has an opening.
b. If you No Show" or are a "Same Day Cancellations" THREE times over a 60-day period, you have TWO "No Shows" or "Same Day Cancellations" in a row, or you have TWO reschedules in a row, no further appointments will be scheduled for you and you will receive a letter giving you a temporary alternative scheduling plan (either to be seen as a walk-in or directing you to call the office for "same day" appointment if your therapist has one available).

If you are scheduled to see a CRBH prescriber for medication, the following rules apply:

a. **If you are being prescribed medication by a CRBH prescriber and you "No Show" or are a "Same Day Cancellation", your prescriber may issue ONE refill of your medication but only ONE**. You must schedule an appointment and be seen by your prescriber before another prescription is written for you. **If you are taking a scheduled medication, your prescriber may decide not to write any refill until you are seen again.**
b. If you are a "No Show" or a "Same Day Cancellation" for your first appointment with a CRBH prescriber, you will be required to be seen by your therapist prior to having another appointment scheduled with the prescriber. Your prescriber may excuse this requirement for you one-time, on a case-by-case basis.
c. In you are a "Late Arrival" for your appointment with a CRBH prescriber, the prescriber will see you if he/she does not have anyone with them or you may wait until the prescriber has an opening. If your prescriber is unable to see you on the same day, you will be rescheduled for a future clinic visit.
d. If you repeatedly arrive late for appointments with a prescriber, the prescriber may not see you on the date you arrive and may require you to reschedule the appointment for another day. If you have THREE "No Shows" and/or "Same Day Cancellations", you may be subject to having your chart closed and be required to repeat the intake process for a new client before being scheduled again with a prescriber.

By my signature, I acknowledge that I understand CRBH's No Show, Late and Cancellation Policy and agree that I must cancel or reschedule any appointment at least 24 hours in advance of the appointment time to avoid potential discontinuation of any prescription medication.

Client Signature _____ Date _____

Witness Signature _____ Date _____