

**LATE CANCELLATION/MISSED APPOINTMENT/
CREDIT CARD INFORMATION POLICY**

Mental health care requires the collaborative effort of both you and your clinician. When you do not come to your scheduled appointment or cancel your appointment without the required 24 hour notice, not only do you miss an opportunity for treatment but you also deny someone else the opportunity as well.

Whenever possible, a courtesy call will be made to remind you of your appointment, however, you are ultimately responsible for keeping your appointments. **Consequently, late cancellations and missed appointments will be charged a \$50 fee, and payment will be expected on or before your next schedule appointment.**

Insurance companies do not pay for either late cancellations or missed appointments.

THE RESPONSIBILITY IS YOURS.

I understand that my credit card information will be held ONLY for charges and fees related to no showing to booked appointments (fee is \$50) and will IN NO WAY be used for any other purposes. ALL credit card information is kept in confidential client file in a locked cabinet and is not accessed for any purpose other than that listed.

_____ (Client initial understanding and acceptance)

If I choose not to leave a credit card on file and I do not show up for a booked appointment, all future appointments will be cancelled until client speaks personally with therapist; two no-shows and client will be terminated from service (client will still be invoiced no show fees and reported to credit agencies if not remitted within 30 days).

_____ (Client initial understanding and acceptance)

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ Code: _____

Billing address: _____

I have read and understand the policy on no show fees and consequences for continued no-shows, as well as credit card "on file" policy ABOVE AND AGREE TO ABIDE WITH THIS POLICY.

Patient's/Guardian Signature _____

Staff or Clinician Signature _____

Date _____