# FORENSIC COUNSELING ASSOCIATES, P.C.

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## **Missed Appointment and Cancellation Policy**

Forensic Counseling Associates, P.C. is a small business solely dependent upon the income generated from therapy appointments. When clients do not attend their appointments, our company is unable to bill insurance for the cost of the session. Furthermore, when adequate notice of cancellation is not provided, we are unable to offer your appointment slot to another client.

### You will be charged a \$25 no-show fee if:

- ❖ Your appointment is missed without notification. Your therapist can be notified by call, text, or email.
- ❖ You cancel or reschedule your appointment with less than 24 hours notice *and* you do not reschedule your appointment within the same week. Please keep in mind that if you are trying to reschedule with less than 24 hours notice, your therapist may not have room in their schedule to see you the same week. If this is the case, you will be charged \$25.

#### Please note:

- Client sessions are 53 minutes. Arriving more than 15 minutes late will be considered a missed appointment.
- ❖ If you are running 5-10 minutes late, calls or texts are greatly appreciated so we know that you are on your way.
- ❖ Emergency situations such as major illness or family emergency *do not* count as missed appointments. If an emergency situation arises, please do your best to contact our office and notify us that you will not be attending your session.
- If you are unable to attend your appointment in-person, we can provide Telehealth services.
- All missed appointment fees may be paid by debit or credit card and will be collected prior to scheduling your next appointment.

### We will kindly refer clients to another provider if:

- Three appointments in a row are missed or cancelled without sufficient notice (24 hours).
- We have been unable to reach you to schedule future appointments. We will make two attempts to reach you at your preferred method of contact and will wait two weeks for a response before closing your file.

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| Client/Guardian Signature: | Date: |  |
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