



NO-SHOW/CANCELLATION AGREEMENT

Minor client should sign, in addition to guardian

Client: _____ **Birthdate:** _____

Regular attendance at scheduled appointments is very important. Our services will not be effective in helping you if you do not keep your appointments. Irregular attendance, especially a “no show,” is also inconvenient and costly for the clinician assigned to help you. It is therefore your responsibility to attend all scheduled appointments.

CANCELLATION POLICY: If you call your assigned staff at least an hour before your scheduled appointment, it is considered a “Cancellation,” although **24-hour notice is preferred.**

1. After the first cancellation, the clinician will call you to reschedule.
2. After two cancellations in a row, the Regional Manager will send you a letter explaining that you must call him/her if you desire to continue services.
3. After the third cancellation in a row, services will be terminated.
4. If you cancel three times, with some attendance in between each cancellation, your clinician will discuss with you some possible solutions to have consistent attendance.

NO SHOW POLICY: If you do not call to cancel at least an hour before the scheduled appointment time, it is considered a “No Show.”

1. If you fail to notify your assigned staff prior to a missed in-home session, you will be charged a \$10 travel fee to cover the staff cost of traveling to your home for the missed appointment.
2. If you fail to notify your assigned staff prior to an in-office or in-school session, you may be charged a \$10 travel fee if the staff traveled to that location specifically for that session.
3. If you fail to notify your staff prior to a telehealth session, or office/school session that involved no travel, you will be charged a \$5 reschedule fee.
4. After the first “No Show,” the clinician will call to reschedule the appointment, but you will receive a letter requesting that you pay the travel/reschedule fee.
5. After the second “No Show,” the Regional Manager will send you a letter notifying you that services have been suspended and that you are required to pay the travel/reschedule fees for both missed sessions in order to reinstate services.
6. After the third “No Show,” your case will be closed.

If these services are mandated or court-ordered, the person responsible for monitoring compliance with the mandate (e.g., dependency case manager, probation officer) will be notified of repeated cancellations/no-shows and suspension or termination of services.

I understand Adapt Behavioral Service’s No Show/Cancellation policy and understand that regular attendance is necessary for treatment to be effective. Therefore,

- I agree to attend all scheduled sessions.
- If I cannot keep an appointment, I will call the staff 24 hours in advance to reschedule.
- If I have an emergency that prevents me from attending, I will call the assigned staff at least one hour before the appointment to cancel.

THIS CONSENT EXPIRES 1 YEAR FROM THE DATE SIGNED UNLESS OTHERWISE SPECIFIED

Client Signature: _____ **Date:** _____
(required for clients age 6+ or “unable to sign due to disability...age...etc.”)

Guardian Signature: _____ **Date:** _____
(required if client is a minor)

Guardian Name (printed): _____ **Relationship:** _____
(required if client is a minor)