



## 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)*