



PATIENT CANCELLATION AND NO-SHOW AGREEMENT

Welcome to Discovery Mental Health Services,

We are glad you have made an appointment for yourself or a family member. To provide you with high quality health care it is important for you to keep your scheduled appointment with your scheduled provider. Valuable time has been reserved for you or your family member. A missed appointment or late cancellation of an appointment results in lost time which could have been given to another person waiting to receive care. *Every day we get many calls for appointments from both old and new patients. By cancelling your appointment as soon as possible, we can help other patients who are waiting to be seen.*

Our office will notify you one day ahead and remind you of your appointment; however, it is your responsibility to keep record of your appointment and to arrive on time. If you need to cancel or reschedule your appointment, please call 24 hours in advance between the hours of 9:30 am and 4:30 pm. For after hour cancellations please leave your name, appointment time and phone number on the afterhours voicemail.

Patients who cancel appointments with less than **24 hours' notice or 6 min late for medication management appointments and 15 min late to 1-hour therapy appointments will be considered a No Show.** Every No-Show visit will be recorded in your chart. Multiple No Show appointments within a **six-month period** can result in a \$35.00 No Show fee for each appointment and / or end your ability to make appointments and/or receive services at Discovery Mental Health Services.

We realize that an emergency may occur, and you may not be able to notify us. We will discuss and consider concessions if and when that situation arises.

- **After One (1) No Show:** You will receive a letter/email and a phone call informing you of the No Show with a copy of this policy/agreement. You will be able to continue to receive services at Discovery Mental Health Services.
- **After Two (2) No Shows:** You will receive a second letter/email and phone call reminding you that this is your 2nd No Show. You will still be able to receive services at Discovery Mental Health Services.
- **After Three (3) No Shows:** You will receive a 3rd certified letter informing you that your scheduling privileges have been suspended for 6 months, you will be supplied with 3 months' worth of non-controlled prescription and recommendations for alternative mental health providers in your area.

Thank you for working with us to ensure that services are provided to all our patients in the best possible way.

I certify that I have read and understand the entirety of this document, titled "Telepsychiatry Contract and Informed Consent." By signing below, I am agreeing with this document, put forward by Discovery Mental Health Services, and I am also authorizing Discovery Mental Health Services to use telepsychiatry for my evaluation and treatment.

PATIENT/OTHER LEGALLY RESPONSIBLE PERSON:

Signature

Print Name

Date

Time

(AM/PM)