

## NO SHOW/CANCELLATION POLICY

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Regular attendance at appointments is very important. IMPOWER services will not be effective in helping you, or your child, if you do not keep your scheduled appointments. No shows and cancellations without a 24 business hour notice inconveniences those individuals who need access to care.

When the above-named client is in treatment with any IMPOWER Psychiatrist, ARNP, or PA: To ensure that you are receiving the very best care possible, the Psychiatrist, APRN (Advanced Registered Nurse Practitioner) or PA (Physician Assistant) must monitor medication regularly and will NOT write prescriptions without seeing the client. The following will occur.

- You will receive a reminder of your scheduled appointment at least 24 hours prior to your appointment. Reminders will be in the form of either a telephone voice message, email or text message (text message rates may apply. Consult your cellular provider for details).
- If you receive a voice, email or text message you must follow the prompts to confirm.
- If you cannot attend the appointment as scheduled, you must contact the office or follow the email/text message links at least 24 hours prior to the appointment to reschedule or cancel.
- If you meet one of the following criteria, your appointment will occur during Walk-In hours only. You will not receive a regularly scheduled appointment. You will only be able to see a provider during Walk-In hours.
  - Failure to provide twenty-four (24) hour notification of cancelation of two (2) appointments in a 60-day period.
  - Cancelation of three (three) appointments in a 60-day period.
- In order to attend a Walk-In appointment, please call IMPOWER referrals line.
- As a Walk-In patient, you must connect via telehealth at the prescribed time and wait to see the provider. There may be a lengthy wait and we cannot guarantee that you will be seen that day
- You are responsible for notifying us of any change in your contact information.
- If you fail to visit the doctor/ARNP/PA during Walk-In hours at the prescribed interval, or you qualify for the Walk-In clinic more than 2 times a year, your case will be closed.

When the above named client is in treatment with any IMPOWER therapist:

You are encouraged to keep all scheduled therapy appointments. Your therapy provider will not be able to provide proof of treatment if you do not attend your appointments as scheduled. It is your responsibility to attend all scheduled appointments.

- If either of the following occur, you will be discharged from the counseling program.

- Failure to provide adequate twenty-four (24) hour notification of cancelation of two (2) appointments in a 60-day period
- Cancelation of three (3) appointments in a 60-day period.
- You are responsible for notifying us of any change in your contact information.

Each time a client misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, IMPOWER reserves the right to charge a fee of \$100.00 to new patients and \$50.00 to established patients for all missed appointments (“no shows”) and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice. “No Show” fees will be billed to the client. This fee is not covered by insurance, and must be paid prior to your next appointment.

I understand the IMPOWER No-Show/Cancelation 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 notify staff at least 24 hours in advance to reschedule or cancel.

**By signing below, you acknowledge you have received this notice and understand the policy.**

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Client/Guardian Signature

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Date