

Attendance Contract

To maximize the benefits of therapy, it is very important that all scheduled appointments be attended. Missed appointments disrupt therapy schedules, which impacts you, your therapist, and other patients who may be on a waitlist. You are being given this contract to have a clear understanding of the attendance policy in effect and the results of non-compliance.

1. I agree to call/text to cancel my appointments at least 24 hours in advance. If appointments are not canceled at least 24-hours in advance, I will be subject to a fee. Not calling 24 hours in advance will be considered "a late cancellation".
 2. I understand that having three (3) "late cancellations" of scheduled therapy appointments in a 60 day period is grounds for discharge from therapy.
 3. If I do not call/text to cancel 24 hours in advance and I do not attend therapy, this will be considered a "no-show." A "no show" will be subject to a fee.
 4. I understand that having two (2) "no shows" of scheduled therapy appointments in any time period is grounds for discharge from therapy.
 5. If I must cancel an appointment due to an illness or emergency, I will contact my therapist or the office as soon as possible. Family emergencies will be taken into consideration.
 6. I understand if I arrive 20 minutes late without notification, I may not receive therapy that day. Sessions that begin late will still end at your scheduled appointment time.
 7. I understand if I cancel 2 appointments within a month it is grounds for discharge depending upon attendance history and therapist availability
 8. If you have multiple cancellations and/or instances of tardiness it is up to the discretion of the primary therapist to discharge you from therapy based upon your attendance history and therapist availability.
 9. If you do not schedule and keep an appointment for 2 months you will be discharged without notice and be provided referrals via the Compass Counseling Services Portal if you request them
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**Please note your therapist is not obligated to hold a time slot for you if any of the above (1-9) occur.

***Please note, if you are discharged from therapy due to attendance issues, we can provide alternative referrals for counseling services via your private portal upon request.

* NO SHOW AND LATE CANCELLATIONS

I understand that not showing for an appointment or canceling without 24 hours will result in a \$50.00 charge to my credit card on file.

If I have state funded insurance which does not allow a fee to be charge, I may be discharged in lieu of a fee

* Please sign that you understand and agree to the above contract: