



BEHAVIORAL HEALTH PROGRAM
LATE APPOINTMENTS AND NO-SHOW
CANCELLATION POLICY

Name: _____

The mission of the **Behavioral Health Program at Highland Pediatrics** is to meet the demand for professional psychiatric care for as many patients of the practice as possible. The need for appointments, however, is far greater than what is available, so for those patients who are accepted into the program as clients, we must insist that **all appointments be kept at their scheduled times.**

Late Appointments – clients who arrive more than 10 minutes after their appointment time will be considered “Late” for that appointment.

- Clients should call the office as soon as they realize they may be late for an appointment to determine if they can still be seen or if the office will need to reschedule the appointment.
- If the provider can still see the client, then the appointment will end at the same end-time as the scheduled appointment.
- Two “Late Appointments” will equal one “No-Show.”

No-Shows – 24 hours’ advanced notice is required to cancel an appointment or that appointment will be considered a “No-Show.”

- A \$50 fee may be charged for each “No-Show.”
- Exceptions will be allowed for illnesses and family emergencies that occur within 24 hours of the appointment in which case the appointment will be considered a “Cancellation” instead of a “No-Show.”
- For three or more ‘No-Shows’ in a 6-month period, a separate appointment will be scheduled for the client/parent/guardian to review and sign an ‘Attendance Contract’.
- **Clients who sign the contract but still continue to no-show for appointments will be discharged from the Behavioral Health Program and referred out to the community.**

Clients who are discharged from the Behavioral Health Program due to attendance issues will remain medical patients of Highland Pediatrics, unless they either choose to transfer out entirely or if there is some other reason why complete dismissal from Highland Pediatrics would be appropriate.

Upon discharge from the Behavioral Health Program, the client/parent/guardian will be responsible for finding another mental health provider. The Behavioral Health Program will assist in transitioning the client’s care, which may include providing short-term medication refills as appropriate.

I acknowledge that I understand this policy.

Client (if over 18 y.o.) or Parent/Guardian Signature

Date

Printed Name

Relationship to Client