

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 staff assigned to help you. It is therefore your responsibility to attend all scheduled appointments.

CANCELLATION POLICY: If you call your assigned clinician 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 staff person will call you to reschedule.
2. After two cancellations in a row, the Program 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 therapist will discuss with you some possible solutions to the problem of irregular 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 clinician 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 clinician 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. After the first "No Show," the staff person will call to reschedule the appointment.
4. After the second "No Show," the Program Manager will send you a letter notifying you that services have been suspended and that you are required to pay the travel fees for both missed sessions in order to reinstate services.
5. 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 Mindful Living of Central Florida, LLC 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 clinician at least one hour before the appointment to cancel.

Client Name

Date

Parent/Caregiver Signature

Date