

## MISSED APPOINTMENT POLICIES

We value your time and participation in the counseling process. We want your counseling experience to be positive and helpful in all ways. Counseling is most effective when appointments are kept consistently. It is our pledge to meet with you for your appointment in as timely a manner as is possible and we expect for you to make all reasonable efforts to attend your appointments and to be on time.

When you schedule your appointment, you have reserved this time in our schedule and we have placed it aside to meet with you. If you must cancel or change your appointment, we require that you contact our office at 706-552-0706 **at least 24 hours in advance**. This will allow our staff to contact clients on our waiting list and to offer them this appointment time. At some point in your counseling process you may be the beneficiary of such a fill-in appointment.

**If you do not keep your appointment and have not called to cancel or reschedule within the allotted time limits, you will be charged our pay-in-full missed appointment fee of \$105.**

The only exceptions to this policy are appointments missed due to last minute illness or emergencies. You should note that insurance companies do not reimburse members for such charges.

**You will be billed directly for missed appointments. Payment for missed appointments is due on or before your next scheduled appointment. If you have not paid in advance, you should be prepared to pay this fee at the time you check in for your next appointment.**

As a courtesy, our staff will try and call you the working day before your next appointment to help remind you to attend. **However, this is a courtesy call only.** You are still responsible for remembering your appointment and attending. Not receiving this call or receiving it after the 24 hour time limit does not excuse you of this responsibility.

Thank you for taking time to review our missed appointment policies. We hope making them very clear will eliminate any possible misunderstanding if they need to be applied during your counseling process. By signing below you are indicating that you have read, understood, and agree to these conditions.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_