

Office Policies

As you are well aware, the business of providing insurance-based healthcare is increasingly complex and challenging. For our office to operate effectively and provide the best service to you and your family, we need your cooperation with the following policies. We understand changing counselors in the middle of treatment is a difficult thing, but it is important to know it is a financial burden when you do not show the courtesy to your counselor to cancel appointments in a timely manner you cannot make. It is also a courtesy to other clients that are waiting for an appointment. Your clear understanding of these policies is very important. Please let us know if you have any questions or concerns.

COURTESY

We strive to provide the best medical care for our patients. While we make every effort to provide prompt on-time service, the needs of each individual do not necessarily lend themselves to an exact schedule. We therefore appreciate your understanding and patience. If you have any suggestion or complaint for our office, please let us know.

SUPERVISION OF CHILDREN & MINORS PRESENT WITHOUT PARENTS OR LEGAL GUARDIAN

For safety reasons, we depend on parents to properly supervise their child(ren) at all times. Our staff cannot watch your children. A child under the age of 10 should not be left unattended. If you have to leave during session time let your therapist know and return not later than 45 minutes after the session begins.

CHANGES IN ADDRESS, BILLING, OR CONTACT INFORMATION

Please notify our office in writing of any changes of insurance, address, telephone, billing or contact information. It is imperative that we have the most current information on file.

APPOINTMENTS & NO SHOW POLICY

We make every effort to provide prompt medical care to all of our patients. We are an appointment based program and we do not get paid when you do not make your appointment. In many cases we have other clients who are waiting for an appointment time and would be happy to have your appointment time. If you are unable to keep a scheduled appointment, please let us know preferably 24 hours in advance but at least 4 hours **in advance to avoid a NO SHOW fee**. A **NO SHOW** is when a patient fails to keep a scheduled appointment. A **NO SHOW** will generate a **\$25** fee if your insurance allows and three no shows/late cancels may require that you seek your care elsewhere. In the event that you have a special circumstance regarding your missed appointment, please contact your counselor. Excessive cancelations will be seen as a lack of commitment to obtaining services and you may be asked to take some time to decide when you are ready to make a commitment to services. We understand that there may be issues beyond your control and want to be understanding of special circumstances. You may reapply for services after a 30 day wait period and with a commitment to getting services and keeping appointments.

If you are delayed and cannot make an appointment on time, please call to advise us of your situation and provide an estimated time of arrival. Any significant delay may require the visit to be rescheduled.

Office Policy Signature page

Signature of Client

Date Signed