



Identify • Motivate • Teach • Support

## No Show Policy Disclosure

The therapists at Better Options Counseling (BOC) strive to provide all clients with the best possible care. A huge component to the overall success of your treatment with us, is your commitment to the treatment plan you will help create with your therapist. That commitment includes attendance to your scheduled appointments.

We require prior cancellation to all missed appointments. Most offices will charge you the full cost of your appointment; however, **you will be charged only \$50.00 for any missed appointments if you do not call and or email us within the time frame outlined in our policy.** All missed appointment fees will be charged to the credit/debit card on file and will not be refunded. If you do not have a working card on file, the missed appointment fee will be added to your account and will be due along with any other co-pay or co-insurance at your next appointment.

Our policy for cancellations is as follows:

- All appointments scheduled on Monday must be cancelled by 5:00 PM on the Friday prior.
- All appointments Tuesday through Saturday must be cancelled with a **full 24-hour notice.**
- Regardless of an emergency, you will be charged.
- All clients who are put on a regular re-occurring schedule, must cancel their appointment within the guidelines of our policy. After the second no show occurrence, you will be taken off your therapist's schedule until you contact us to reschedule.
- Clients taken off a therapist's re-occurring schedule, forfeit their regular time slot and may not be given the same appointment time. You must then call our office to schedule a new appointment. If an opening is not available, we will call you back as soon as there is an opening.
- Any questions or concerns about this policy, can be directed to our ABA Program Director, Vittawat Sriphong-Ngarm or Clinical Director, Roselene Dalanhese.

Our time is as valuable as yours. Thank you in advance for helping us provide reliable treatment to our clients.

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(Acknowledgment of disclosure)

I \_\_\_\_\_ (patient name/guardian signature) have read the No Show Policy Disclosure and agree to provide the required advanced notice to BOC in the event that I must miss an appointment.

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

Parent/Guardian Signature (if client is a minor): \_\_\_\_\_ Date: \_\_\_\_\_