



## Behavioral Health Services Cancellation, No-Show and Tardiness Procedures

\_\_\_\_\_  
Patient Name:

\_\_\_\_\_  
SSN:

**CANCELLATIONS:** It is the patient's responsibility to notify the office at least **24** hours in advance of their scheduled appointment to reschedule or cancel at the number below so we may offer the time to another patient waiting to be seen. If a 24-hour notice is not given, the missed appointment will be considered a no-show.

**Gallatin (859) 567-1591, Owen (502) 484-2595 or Carroll (502) 732-1082**

**No-Show:** If the patient has more **than 3 missed appointments in a 6-month period**, services **could** be discontinued per your behavioral health provider. The patient will be provided referral information, in writing, to other behavioral health agency providers to continue services.

**Tardiness:** If the patient arrives late, the session will be shortened to not affect other patients scheduled appointments that arrived in a timely manner.

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We understand that emergencies and uncontrollable situations arise; we will take into consideration each incident that occurs on a case by case basis.

**Your signature below indicates you have read and understand this policy.** You understand failure to adhere to the policy could result in your inability to continue to receive behavioral health services at TRIAD. Your signature below indicates agreement with this policy and as an acknowledgement that you have been offered a copy of this document.

\_\_\_\_\_  
Client/Representative Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness Signature:

\_\_\_\_\_  
Date: