

Hope 4 You, LLC

Hope 4 You, LLC-5210 AUTH ROAD ST 205 SUITLAND, MD 20746

MISSED APPOINTMENTT/CANCELLATION NOTICE

THIS NOTICE DESCRIBES HOW MISSED APPOINTMENTS AND CANCELLATION OF APPOINTMENTS WILL BE HANDLED.

PLEASE REVIEW IT CAREFULLY

- A. Cancelling or Rescheduling an Appointment
 - a. Clients and stakeholders should directly notify their assigned therapist, meeting organizer, or clinical director as soon as possible if an appointment/meeting must be rescheduled or cancel. Any appointments/meetings that does not start within 10 minutes of the scheduled time will automatically be deemed either a no-show or cancellation
 - b. Clients and H4Y staff needing to cancel a meeting or appointment should notify the other party(ies) no less than 24 hours of the scheduled
- B. Upon a client cancelling an appointment, a new appointment will be rescheduled between the client and therapist if a standing appointment day and time is not already agreed upon.
- C. Whoever (client/therapist) cancelled the appointment, it is their responsibility to call the other party to reschedule or confirm the next scheduled appointment.
- D. If a client/stakeholder should miss three sessions/meetings within a six-month time frame, they are subject to being discharged or placed on an inactive status from H4Y program and services pending final approval from the Clinical Director. However, if two sessions are missed (no show) within a 30 day period, the client is subject to being placed on an inactive status pending final approval by the clinical director.
- E. If a client is discharged, for no shows/late cancellations, the client must wait at least 60 calendar days after the date of discharge before submitting another referral for services.

F. Clients who are placed on the inactive list for six months will be discharged.

G. Discharges and being placed on the inactive listing may be appealed by the client. Appeals should be made in writing and submitted to the Clinical Director.

H. Clients are subject to a \$125 fee for no-shows or late cancellations.

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS OF THIS POLICY.

Client Printed Name/DOB

Client Signature