

**NOTICE TO ALL CLIENTS**

**ADDENDUM "NO-SHOW' POLICY EFFECTIVE MAY 1, 2018**

When an appointment is missed without a call to cancel or reschedule, it is considered a "No Show". When a client does not appear for their appointment, time is lost not only for the healthcare professional, but also for the client (or clients) we might have been able to schedule in that time frame. Due to the continued amount of no shows, we find that we must enhance our No-Show policy:

Clients who miss appointments without calling at least 24 hours in advance to cancel, will receive a letter advising them of the missed appointment and the fee incurred for the missed appointment. At the time of the second letter, the client will be advised that another "no-show" will result in dismissal from the practice. Clients will be only allowed two "no-shows" in a 12-month period.

We also find it necessary to enhance this policy by charging a **$35.00** Fee for missed appointments **without** notice. We ask that you give us 24-hours’ notice if you cannot keep your appointment. This will allow us to book another client in that time. Effective May 1, 2018 there will be a **$35.00** Fee for missed appointments without prior notification. **If prior to office hours, you may leave the cancellation notice on our answering machine at 251.947.2240, Option 1.**

We value you as a client and recognize the difficulties you face in trying to coordinate all the demands made upon your time. We really hope you will work with us in the future by letting us know if you are unable to keep your appointment. This will help us ensure that our appointment schedules are fully utilized for those that have an urgent need to be seen.

We know that unavoidable emergencies sometimes occur at the last minute. When a true emergency does occur, if you will call us at your first opportunity and let us know what happened, we will work with you to reschedule, and the n no-shown will not be counted against you.

We hope that everyone understands our reasons for implementing this policy. We thank you for your understanding and support.

**I have read the No Call No Show Policy Addendum and fully understand the content as written:**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**