

ACW Counseling and Psychological Services

No-Show/Late Cancellation Policy

At ACW Counseling and Psychological services, we believe that psychotherapy and other behavioral health services can add tremendous value to the lives of our clients. To support our clients in obtaining optimal treatment outcomes, we continually strive to provide the highest quality of care available. However, we also know that clients must take an active role in collaborating with clinicians to achieve such outcomes.

As a client at ACW Counseling and Psychological Services, it is important to know that your appointment time is reserved especially for you and you alone (appointments are not “double-booked”). This ensures that you have the undivided attention of your psychotherapist for the time that you have agreed upon while supporting our mission to provide high-quality behavioral healthcare. If you must reschedule with less than 24 hours advanced notice, your psychotherapist will reciprocate the respect that s/he asks of you by making his/her best effort to find another time during the same week of your original appointment to reschedule you and thus allowing you to avoid any cancellation charges.

You have the responsibility to provide 24 hours advanced notice for cancellation of appointments. If you provide less than 24 hours advanced notice or if you do not show for your scheduled appointment, ACW Counseling and Psychological Services will charge you the full cost of services. *Full cost of services* is defined as follows:

- *Full cost of services*: The cost that the client and psychotherapist have previously agreed upon for the scheduled service or the amount that your insurance would reimburse for the scheduled service (whichever is least).

ACW Counseling and Psychological Services has adopted this practice for two reasons:

1. We see significant value in the services that we offer and thus feel that it is important to avoid undermining that value by giving away our clinician’s time for free.
2. Because we want our clients to receive optimal outcomes from these valuable services, we want to deter unnecessary cancellations that delay treatment progress.

My signature on this document indicates that I have read and understand the *No-Show/Late Cancellation Policy* and am aware that on the basis of this policy, ACW Counseling and Psychological Services will charge me the fees outlined herein for not showing for scheduled appointments or canceling scheduled appointments with less than 24 hours advanced notice.

Client’s Signature: _____ Date: _____

Client’s Printed Name: _____

Client’s Guardian’s Signature: _____ Date: _____

Client’s Guardian’s Printed Name: _____

Psychotherapist’s Signature: _____ Date: _____