



Client Name: _____ Client Number: _____

Missed Appointments Policy

Participating in the treatment process is an important part of meeting your service goals. We value the time that you have reserved with us for this process, and ask that you make every effort to keep scheduled appointments. This will help assure our ability to meet the needs of all clients at Elizabeth Layton Center.

Please review and acknowledge our Missed Appointment Policy described below with your signature.

- Please arrive on time or slightly early for scheduled appointments.
- Cancellations must be made 24 hours in advance. Please call 785-242-3780 (Franklin County) or 913-557-9096 (Miami County) and let us know your intentions for follow-up with services.
- Cancellations made less than 24 hours prior to scheduled appointment are considered a no show.
- If you no-show for an emergent or urgent (crisis) appointment, we may attempt to contact you to assess the need for services to assure your safety. No-shows for routine appointments may be followed-up by phone or in writing as indicated.
- After two No Call/No Show missed therapy appointments in a rolling 90 day period, you will **not** be able to schedule an appointment with your therapist, and will have to attend an Open Access - Walk-in appointment. After attending a walk-in appointment, you may once again schedule appointments.

Walk-in Hours Available on a First Come First Served Basis

Individual Therapy: Monday through Thursday beginning at 12:00 p.m.

Medication Management: Monday through Thursday beginning at 1:00 p.m.

24-hour crisis services will be available as needed for emergent mental health needs.

We will do our best to help you meet the Missed Appointment Policy. With your approval, our staff will attempt to provide reminder call(s) and/or message(s) about your scheduled appointments 48 hours in advance. Please indicate below your choice in how we contact you with scheduled appointment information:

- Please do **NOT** remind me about my scheduled appointments.
- Please call me at the number(s) below with a reminder about my scheduled appointment.

Check all that apply~

- Home Phone: _____
- Cell Phone: _____
- Work Phone: _____
- Other Phone: _____

Please check one~

- Please leave a message regarding my appointment if I do not answer the phone.
- Please do **NOT** leave a message if I do not answer the phone.

I have read and agree to the Missed Appointment Policy and have stated my contact preferences.

Client/Guardian Signature

Printed Name

Witness Signature

Date