

Inner Reflections Counseling Center Cancellation/No Show Policy

Thank you for trusting your care with Inner Reflections. Inner Reflections Counseling Center, LLC values your care and individual needs and take steps to meet these needs. Time and availability are an important part of this process. In an effort to provide the most efficient and quality of care possible, and to be considered for acceptance in Active Treatment at Inner Reflections Counseling Center, LLC, we do require acknowledgement of the no-show/cancellation policy and card on file consent form. As a policy, we kindly request that you provide adequate notice if you need to cancel an appointment. If you miss your scheduled time without proper notification, you will be charged a fee for the reserved appointment slot, which helps us maintain efficient scheduling and ensure timely access to care for all patients. If you are going to be greater than 15 minutes late and have not made arrangements with your therapist ahead of time, this is considered a no-show. At Inner Reflections we do prioritize care and realize that unforeseen things may come up. Talk with your therapist if you have concerns or questions.

In keeping with our goal of providing the best patient care to all our clients, we ask that you please review our cancellation/no-show policy below **and initial at each line:**

_____ Effective July 1, 2022 any patient who no shows or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours’ notice** will be considered a No Show and a fee will apply. For the first occurrence, there will be a **\$50 fee** for the first time there is a No Show.

_____ Effective October 22, 2024, after a second no show the fee will move to a **\$90 fee** for each occurrence if no other agreement is made in writing.

_____ In addition to the above stated fee, for an established client, within any 12-month period, the first no-show will result in a removal from the recurring schedule. The second no-show may result in the client being placed on a same-day scheduling basis and the third no-show will result in the discharge of the client. Please note that you will be considered a no-show if you are more than 16 minutes late for your scheduled appointment and the therapist is unable to accommodate.

_____ I acknowledge that my insurance plan or payer source may have a different policy or contractual agreement with myself and/or IRCC and/or therapist on no-show/late cancellation and that this agreement overrides any past/current/or future policy or agreement.

_____ I understand this fee is charged to the Patient/guardian(s) and not the insurance company, and is due prior to scheduling the next session, or when arriving for the patients next office visit. Telehealth patients will be required to pay the No Show fee prior to your next appointment.

_____ In the case of a children, I understand that the parent/guardian establishing care and signing consent for the child, and this form is the person responsible for the account. I understand that neither IRCC nor its therapists are responsible for enforcing payment agreements between parents, including but not limited to verbal agreements between parents or arrangements that may have a court order.

_____ I acknowledge effective October 22, 2024, IRCC does require a credit card on file and will be asked to fill out the card on file consent form.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment, please discuss this with your therapist. If you are facing a mental health emergency, please contact your nearest hospital or dial 911.

Inner Reflections Counseling Center, LLC (308) 221-6902

Consent is an important part of both receiving and delivering treatment. My signature below confirms that I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms and I have had the ability to ask questions and have them answered.

Signature (Parent/Legal Guardian)

Relationship to Patient

Printed Name

Date