



SECOND CHANCE
COUNSELING CENTER LLC

Person Served: _____

Client Date of Birth: _____

Your time is valuable as well as the clinicians at Second Chance Counseling. This policy outlines expectations of persons served regarding attendance at their scheduled appointments. To help ensure that all people served can be seen and treated as needed. To ensure that the counselors' time is not wasted while waiting for persons served who do not show up. Below is an outline of the consequences to persons served who have multiple "no shows" of appointments.

I understand that I am responsible for maintaining my appointments. If for whatever reason I cannot attend, it will be my responsibility to notify the therapist/receptionist at least 24 hours in advance.

I understand that a cancellation received the day of the services is considered a no call/no show appointment.

I understand that a no call/no show or short notice (less than 24 hours) is considered a no call/no show.

I understand that if I am considered a no-call/no-show or short notice (less than 24 hours) I will be charged a fee of \$75.00 that will need to be paid before I can return to services.

I understand that after two missed or short notice cancellations I will be considered as no longer interested in receiving treatment from Second Chance Counseling Center.

I understand that if I am discharged for no call/no show, I will not be able to engage in services for 90 days.

Person Served Signature: _____

Date: _____