**CLIENT ATTENDANCE GUIDELINES**

In order to better serve you, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ implements the following attendance guidelines. These guidelines were established to enable the most effective use of our time, and to help you achieve your goals:

1. Clients are expected to attend all scheduled sessions with their clinicians. Clients should notify their clinician 24 hours in advance if they are unable to attend the session. Otherwise, this is considered a no-show session. No-show sessions are subject to an additional $25 no-show fee, regardless of the session rate for the appointment, that will be added to the following appointment’s fee.

2. Clinicians will wait up to 15 minutes after the appointment time for the client to arrive for their appointment or they will be considered a no-show and subject to the no-show fee. The missed time will not be made up.

3. If a client misses any three (3) sessions during a three-month period, including informed absences, the clinician may use their sole discretion to determine if and to what extent the continuation of treatment will occur. This determination is final.

4. Clients are expected to be attentive during their sessions. We ask that you refrain from checking emails, answering calls, or being on your phone while your appointment is in session.

5. Clients are expected to adhere to their signed payment agreement and pay for services accordingly. If the client does not pay for services of more than two (2) appointments without a previously signed agreement upon change in billing practices (evidenced prior to the second missed payment), the clinician may use their sole discretion to determine if and to what extent the continuation of treatment will occur. This determination is final.

In addition to the above, please be advised that the policy of a no-show fee is strongly enforced. Prior notice of 24 hours for cancellations must be provided to avoid extra charges that include, but are not limited to, a no-show fee of $25. In cases of an illness or emergency, please notify your clinician as soon as possible and, if \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ finds, in its sole discretion, that this excuse is acceptable, then the no-show fee will not apply. By signing this document, I hereby acknowledge that I have read and understand these guidelines and policies.

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date reviewed: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**