

APPOINTMENTS

The therapy session will be 45-55-minute session (one appointment hour). **Once an appointment hour is scheduled, you will be expected to pay for a late cancellation unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control].* It is important to note that insurance companies do not provide reimbursement for cancelled sessions***

You will be responsible for \$50 for the first missed appointment and \$105 for any subsequent missed appointments. If this is a continuing pattern, your care may be discontinued in our clinic and we would provide you with referrals to other mental health clinics.

If patient is a Medicaid patient by state law we cannot charge for missed appointments. If a Medicaid patient no shows for an appointment they will be eligible to be discharged from therapy services and a referral will be provided to other mental health professionals.

We make every effort to make reminder calls, texts, or email if you give us permission and provide the valid information. However, reminder calls are a **courtesy**. We are not responsible in the event that you do not receive your reminder call, text, or email for any reason. Not receiving a reminder call regarding an appointment **does not** absolve your responsibility in terms of our missed appointment / no show policy.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE RECEIVED THIS AGREEMENT AND READ THIS AGREEMENT AND ARE CONSENTING TO TREATMENT WITH GRINSTEAD, PIERCE AND ASSOCIATES. IT ALSO INDICATES THAT YOU AGREE TO THE TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE FORM DESCRIBED ABOVE.

We require any one 14 and older to sign this agreement. All minors 18 and younger a parent/guardian must sign.

Signature of Patient

Date

If Minor Signature of Parent/Guardian

Date