



CANCELLATION POLICY of Alliance Child & Family Solutions (“ACFS”)

Thank you for choosing Alliance Child & Family Solutions (“ACFS”) for your mental health needs. Our goal is to provide and maintain a positive provider-client relationship. Letting you know in advance about our office policies allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

Why do we charge fees for late cancellations or “no shows”?

In order to see our clients as efficiently as possible, avoiding wait time for you and unplanned idle time for our therapists, we do not overbook time slots for therapy to have clients just waiting to be seen. When an appointment is made, it takes an available time slot away from our therapists and prevents another person from requesting or using that time.

- **No Show:** A “no show” is missing a scheduled appointment.
- **Cancellation:** Regular cancellations are appointments that are scheduled, but are changed with at least 24 hours’ notice or more in advance. This is still considered an unplanned change.
- **Late Cancellation:** A “late cancellation” is canceling an appointment without calling us to cancel 24 hours in advance of an office visit to our main office number: **817-851-2042 x 0** or emailing us at **referrals@acfstexas.com**.

Are there any exceptions?

We understand that situations such as medical emergencies occasionally arise when an appointment cannot be kept and adequate notice is not possible. These situations will be considered on a case by case basis. However, you should still call the office as soon as you become aware that you will miss an appointment, even if it is less than 24 hours before your appointment. If you call and someone is not available to take your call, you must still leave a detailed message and/or e-mail to cancel your appointment to avoid financial penalties.

Fees

A charge of **one hundred dollars (\$100.00)** will be assessed for each no show, or late cancellation, if less than 24 hours’ notice is given. Please understand that insurance companies consider this charge to be entirely the client’s responsibility and you will not be contacted by our Billing Department prior to your card being charged for missing or late cancellation of a scheduled appointment.

Multiple Cancellations

Our therapists and office staff work in conjunction to provide you with a convenient time for you to attend your appointments on an ongoing basis. For this reason, multiple cancellations, even with advanced notice, can leave our therapists with open spots yet without allowing additional clients to be seen.

- **Two Unplanned Changes:** A combination of two no shows, cancellations, or late cancellations within a short period of time can lead to your scheduled spot being provided to another client, especially if during the hours of 3 – 8pm or on a weekend, as these times are in high demand.
- **Three Unplanned Changes:** This can lead to being referred to another practice at the discretion of the therapist and/or office staff depending on the circumstances.

Where to Cancel

Best practice is to cancel directly with your therapist by dialing **817-851-2042** and then entering the Therapist’s extension when you hear the voice prompt. If you do not know your Therapist’s extension, you can enter **Extension 0 (Zero)** to be connected with and/or leave a message for Customer Service. You can also provide written cancellation via e-mail to **referrals@acfstexas.com**.

By my signature below, I am indicating that I have read and understand all of the above, have had an opportunity to ask questions about this information, and consent to this policy as part of my treatment.

Client’s Name: _____ Guardian Name (if minor): _____

Signature: _____ Date: _____

***NOTE: The signatures on this form are considered valid and true regardless of whether hand signed or signed electronically through DrChrono OnPatient (computer or iPad), AdobeSign, or another approved electronic venue, that I am consenting to all of the above statements with my electronic signature, even if the signature does not appear on the exact lines above.**