

Appointment Agreement

Since all care happens and is contingent on the appointment, we think it is imperative to communicate clearly about our appointment policies. When you schedule an appointment with Carencia we set aside enough time to provide you with the highest quality care. With growing demand for mental health care and limited access to meet this demand, we have more patients who need care than we have room in our daily schedule. When a patient does not show up for their appointment or cancels too close to their scheduled time, we are unable to fill this appointment time with another patient who needs care. This agreement is our attempt to ensure that both you and our other patients receive the care that you need.



Reminders

We send out reminders both via email and SMS. If you choose to unsubscribe from emails or your portal, please know this effects the delivery of your reminders. Our reminders are a courtesy, it is ultimately your responsibility to know your appointment details.



Telehealth Appointments

Currently, we send access and information about your telehealth appointment to the email we have on file for you. Please note, if you have not received the information, it is most likely because it has been flagged into your spam/junk or we do not have the correct email for you on file. It is wise to check this in advance and let us know so we can make sure you have your access prior to the appointment. Lastly, in the event you are running late or are unable to make your in-person visit, we can accommodate you by changing to an online for most patient visits, however there are exceptions.



Late Cancellations

We consider a late cancellation to be within 24 hours of your appointment. We understand at times there are unexpected events or needs that arise requiring the late cancellation of an appointment. We want to be transparent and clear there are fees associated with a late cancellation and the fees are found in our financial policy. The fee will be charged automatically to the card we have on file. If we do not charge the card, please expect to pay the fee at your next visit. In the event there was a true emergency, please let us know and we can review to credit your account for any charges related to the late cancellation. Lastly, if you have reoccurring appointments scheduled, they will be canceled and further appointments can be discussed with staff.



Late Arrivals

We understand events out of our control happen and if you arrive to your appointment late, we will do all we can to accommodate you. In the event you arrive more than 10 minutes late, we may need to ask you to reschedule as to not impeded other patients care. If you are consistently late to your appointments, we consider this a barrier to our ability to provide adequate care.



Missed Appointment

A missed appointment is simply not showing to your appointment whether online or in person without notice. We want to be transparent and clear there are fees associated with a missed appointment and the fees are found in our financial policy. The fee will be charged automatically to the card we have on file. If we do not charge the card, please expect to pay the fee at your next visit. In the event there was a true emergency, please let us know and we can review to credit your account for any charges related to the missed appointment. Lastly, if you have reoccurring appointments scheduled, they will be canceled and further appointments can be discussed with staff.



Termination Notice

We find that doing our part to lay out expectations is a critical component to a successful relationship and to minimize disruptions in care. If there are a combined total of three missed appointments or late cancellations in a 12-month period, we want to be transparent that our policy is to discontinue our relationship with you. It is imperative there is a commitment to attendance as it is necessary for successful treatment.



Please Fill Out Form

Patient Name (Printed): _____ Patient DOB: _____

Guarantor (If not patient): _____

Patient/Guarantor Signature: _____ Date: _____