Carencia
Mental Healthcare

Appointment Agreement

All care happens during, and is contingent on, the appointment. Therefore, it is imperative to communicate clearly about our appointment policies. When you schedule an appointment at Carencia, we set aside the amount of 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 is waiting for and needs care. This agreement is our effort to ensure that both you and our providers are able to plan time accordingly.

Reminders

We send out reminders both via email and SMS. If you choose to unsubscribe from emails or your portal, please know this affects the delivery of your reminders. It is up to the patient to ensure that our reminders are not flagged in your email as junk or spam. Our reminders are a courtesy, but 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 visit for most patient visits- however there are exceptions.

Late Arrivals

We understand events out of your control may 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 impede on other patients care. If you are consistently late to your appointments, we consider this a barrier to our ability to provide adequate care, and may lead to transition of care outside of Carencia.

Late Cancellation

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 will review the situation and the charge. Lastly, if you have reoccurring appointments scheduled, they will be canceled, and further appointments can be discussed with staff.

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 the situation and the charge, Lastly, if you have reoccurring appointments scheduled, they will be canceled and further appointments can be discussed with staff.

Carencia
Mental Healthcare

Termination Notice

We find that doing our part to clearly communicate expectations is a critical component to a successful treatment relationship. If there is a combined total of three missed appointments or late cancellations in a 3-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.

Patient Name (Printed): Patient DOB:

Guarantor (If not patient): _____ Date:

Patient/Guarantor Signature: _____