



Medical Clinic No-Show Policy

Your medical providers want to make sure that you and other area residents have access to high quality healthcare when you need it. To ensure maximum access to healthcare services for all of our patients, please be aware of the following No-Show Policy:

Scheduled Appointments: Although we are not obligated to do so, for your convenience we will make every effort to remind you of your upcoming appointment through our complimentary automated appointment reminder system (via phone call or text message); however, **you are ultimately responsible for remembering and keeping your appointment date and time.**

Cancelling/Rescheduling Appointments: Automated appointment reminders, via text message or phone call, are generally made two (2) days before your scheduled visit. If you cannot keep your scheduled appointment, please cancel through the reminder system (automated phone call or text reminder) or call the office to cancel/reschedule, which will allow us to offer that appointment to another patient. You can cancel/reschedule at any time without having to wait on the appointment reminder. Failure to provide at least a 24 hour notice of an appointment cancellation/reschedule counts as a missed appointment.

Missed Appointments: Because of the critical lack of access to healthcare services in our area, missed appointments are taken **very seriously**. If you miss one (1) appointment, you will be documented as having a missed appointment. If you miss a second appointment without proper notice within the same calendar year, you will be placed on "work-in" status. After you are placed in a "work-in" status, in order to receive care from our clinics, you will be given a date only (not a specific time) by the receptionist that you can come to the clinic to be worked-in, and no appointment will be scheduled. Being placed on "work-in status" in two (2) consecutive calendar years will result in discharge from Access Family Health Clinics.

Please talk to any of the staff if you have questions about our No-Show Policy.

By signing below, I understand and agree to abide by this No-Show Policy.

Patient Signature

Date

Patient Guardian Signature *(for patients under 18)*

Date