Attendance Policy

Purpose

All Care Therapies values regular commitment to therapy, as consistent attendance plays an important role in achieving treatment goals. This policy outlines expectations for attendance, cancellations, and missed appointments to ensure continuity of care, equitable scheduling, and efficient use of clinic resources.

Policy Statement

Appointment times are reserved specifically for each client. Arriving on time helps us provide the highest quality care while supporting timely appointments for all clients. Consistent attendance helps maintain steady therapeutic progress and supports compliance with your treatment plan.

Guidelines

For the purposes of this policy, a **late cancellation** is defined as the cancellation of a scheduled appointment with less than twenty-four (24) business hours' notice. A **no-show** is defined as a client's failure to attend a scheduled appointment without providing advance notice of their inability to attend.

Frequent missed appointments can disrupt your care. **Clients are asked to provide at least 24 hours' notice when canceling or rescheduling appointments.** Late Cancellations and No Shows may be subject to cancellation fees established by the treating clinic location. Fees may be invoiced or charged to the card on file. **Cancellation fees will not be assessed when prohibited by applicable federal or state law or payer requirements, including certain Medicaid programs.*

Clients are asked to arrive at least 15 minutes early for all scheduled appointments to allow for parking and check-in or log-in. If you arrive more than 10 minutes late to your scheduled appointment time, your session may be shortened or rescheduled so that it does not impact other scheduled clients.

An attendance review may be initiated when a client has **two (2) or more no-shows and/or late cancellations within any ten (10) scheduled visits**, or when a pattern of poor attendance, frequent late cancellations, or repeated rescheduled appointments is identified. An attendance review may also be initiated at the clinical team's discretion when attendance patterns interfere with the effectiveness of treatment. During the attendance review, the team will evaluate the patient's attendance history, progress toward treatment goals, and whether the current schedule and plan of care remains appropriate. Based on this review, services may continue as planned, be modified, temporarily paused, or discontinued.

If services are paused or discharged, reinstatement of services may require administrative and/or clinical approval and could depend on therapist availability. New evaluation or updated plan of care may be required upon reinstatement.

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Illness and Emergencies

To help protect the health and safety of our clients, visitors, and staff, individuals who are experiencing symptoms of a contagious illness should not attend therapy appointments in-person. All Care Therapies follows infection prevention guidance issued by the Centers for Disease Control and Prevention (CDC), as well as applicable state and local public health requirements.

If a client or visitor arrives for an in-person appointment with symptoms that, in the clinical judgment of All Care Therapies staff, may pose a risk of exposure to others, the appointment may be rescheduled, converted to a telehealth session when appropriate, or otherwise modified at the clinic's discretion. This policy is intended to help protect everyone, including those who may be immunocompromised or otherwise at increased risk for serious illness.

Repeated cancellations due to illness may also be reviewed to determine whether continuation of services, temporary pause of treatment, or an alternative service delivery method (such as telehealth, when clinically appropriate) is in the client's best interest.

In the event of severe weather or other emergencies, All Care Therapies may adjust or cancel sessions for safety reasons. We will reschedule affected appointments promptly without penalty to the client.

Patient/Client: _____

Patient/Representative Signature: _____

Date: _____