



Renewed Hope Counseling and Wellness

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Cancellation and No-Show Policy

Our goal is to provide quality mental health care in a timely manner. Clients are scheduled for counseling and medication management in advance to provide proper individual, client-centered care. We have implemented a cancellation and no-show policy which enables us to better utilize available appointments for our patients in need.

Cancellation/No Show Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. Please be courteous and call our office promptly (with at least 24 hours advance notice) if you are unable to attend an appointment. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care.

A "no show" is someone who misses an appointment without canceling it with 24 hours (one business day) advance notice. No-shows inconvenience those individuals who need access to care in a timely manner.

After two such consecutive occurrences in a month (last minute cancellations or no-shows) or re-occurrences in three months, you will be removed from the schedule until such time you are able to commit to keeping your scheduled appointment time, including being put on a week-to-week basis until consistency and reliability is shown.

If you are a pro bono patient and you no show two times, you will no longer have discounted services and will be put on a Sliding Fee Schedule.

How to Cancel Your Appointment

If it is necessary to cancel your appointment, we require that you call our office at least one business day (24 hours) in advance to your scheduled time.

To cancel an appointment, please call our office 9:00am – 6:00pm at (208) 288-4200 to speak with our receptionist. If leaving a voicemail message, be sure to include your name, appointment date, cancellation reason, and request for rescheduling (if applicable).

Scheduled Appointments

We understand that delays can happen, however, it is important to keep other patients and providers on time. If you are running late, please notify our office.

- If a patient is 15 minutes past their schedule time, we may have to re-schedule your appointment.

I have read and understand the cancellation policy.

Patient Name

Parent/Guardian Signature

Date