**At Peace Integrative Mental Health Clinic LLC**

19 8TH Street south PMB 424, Fargo, ND, 58103

Office: 701-660-3006 Fax: 701-660-3391

**Cancellation/Late Appointment Policy**

Scheduling an appointment with a provider set forth a mutual agreement between the patient and the provider. Any service with a provider will require an appointment scheduled in advance. As a patient, you are responsible for scheduling and keeping your appointments. A reminder phone call, email, and/or text message for your appointment is a courtesy.

With the exception of serious emergencies or illnesses, it is expected that you keep all of your appointments. If you are unable to attend an appointment, we ask that you **provide at least 24 hours advanced notice** to our office. Because your appointment time is scheduled for you and we are unable to use this time for another patient when you do not show up for your appointment, you will be billed a fee if your scheduled appointment is not canceled on time (less than 24 hours).

For appointments that are canceled with less than 24-hour notice or a scheduled appointment that is completely missed (no show), you will be charged directly a **fee of $80.** It is the patient’s responsibility to pay this fee. Our office requires 24 hours' notice if you need to reschedule an appointment. In such a case, please call our office at **701-660-3006** to reschedule your appointment. **If you are in need of emergency services, please call 911 or go to the nearest hospital emergency room for immediate assistance.**

**Three missed appointments which include late appointments, late cancellations, or no-shows, will result in dismissal from the clinic.**

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Patient’s Full Name Date of Birth

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Patient’s Signature Date

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Patient’s/ Parent/Guardian Signature Date

**\*By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your handwritten signature.**