

Living Well Behavioral Health, Inc.
2350 Bentrige Lane, Suite 301A
Fayetteville, NC 28304

Client Rules/Missed Appointment Policy

Our mission at Living Well is to provide the very best care for all of our clients. In order to accomplish this, we need your help. Your appointment date and time are set aside specifically for you. When you miss your appointment without notifying the office at least twenty-four (24) hours in advance, we are unable to fill your slot with another client awaiting an appointment. Therefore, we have set the following policy for missed appointments:

1. You may miss one (1) appointment without 24 hours prior notice once in a twelve (12) month period. You will receive a written warning when this occurs, and will be charged a \$50.00 no-show fee, payable before you can be placed back on the schedule.
2. Upon the second missed appointment without 24 hours prior notice within a twelve (12) month period, you will be discharged from our clinic.
3. Living Well will provide you with names and contact information of other psychiatrists and clinics in the area who may continue your care.
4. Living Well will provide you with a thirty (30) day prescription for all current medications, as applicable, to ensure you have your medications while you seek other treatment.

We expect our clients to act in a manner that is appropriate to an office setting. We see children as well as adults, and any use of foul language will be grounds for asking the client to leave our clinic.

If a client appears intoxicated, they will be asked to leave the clinic immediately.

If a client refuses lab work when ordered by a clinician, the client will not be seen and will not be prescribed medications. It is vital that the clinicians have these labs to continue your treatment.

Please be on time for your appointment. If a client is **more than** 10 minutes late for an appointment, the appointment will have to be rescheduled, or you will be seen as a "work in" as the providers' schedules allow. If you are rescheduled, a \$50.00 no-show fee will apply. If a client is late in excess of 3 appointments, he/she will be discharged from this clinic.

By signing below, I am acknowledging my receipt of this client rules policy and that I fully understand the consequences if any of the above rules are not followed. I have received a copy of this policy. Also, a copy of this policy will be posted in the waiting area of Living Well.

Client or Legally Responsible Party: _____
(Printed Name)

Signature of Client or Legally Responsible Party: _____

Date Signed: _____