**Cancellation\No-Show Policy**

Cancellation/No-show policy; our hours of operation and on-call emergency procedures:

 1.   It is very important that you come to your appointment on a regular basis. You (your child’s) sessions are reserved for you.  If you do not keep your appointments, progress in treatment will suffer. We expect to be notified of cancellations at 24hrs in advance.

2.   We discharge clients after 2 consecutive **“No Shows”.**

3.   Call the clinic’s main number at 2027351010 for cancellation at least 24 hours before the scheduled appointment.

For immediate help in an emergency or  If you or someone is experiencing a life threatening emergency, call 911 immediately.

Please do not hesitate to talk to the healthcare provider about any problems or concerns you may be experiencing with the services provided. We will discuss your concerns with you with the hope that the issue can be resolved.

Thank you for choosing Chivic Healthcare Services LLC as your provider we look forward to working with you

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understand the above notice regarding the program’s cancellation/no-show policy; hours of operation and on-call emergency procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client (or guardian)                                                                               Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name