

GOODWIN COMMUNITY HEALTH
Behavioral Healthcare Department
Attendance Policy

Patient Name (Print): _____ **Patient DOB:** _____

Purpose: As your behavioral healthcare provider our purpose and commitment is to provide you with high quality behavioral healthcare. Consistent attendance to all scheduled appointments is the key to improving your health and wellness. To better serve patients, enhance the efficient use of resources, and optimize access to behavioral health services to the greater community, we have established clear attendance guidelines to support these aims.

Policy: Any new behavioral health patient that does not show for their first scheduled appointment or cancels with less than 24 hours' notice will be afforded the opportunity to schedule another initial session to see a behavioral health provider. Patients that do not show for their second scheduled appointment or cancels with less than 24 hours' notice will be afforded the opportunity to be placed on same day status for scheduling another appointment to see a behavioral health provider. Same day status will be indicated by a banner in the patient's chart, and a letter will be sent to the patient notifying them of their same status and how to access services. The same day status expires when the patient has become an established behavioral health patient, or in 2 months, whichever comes first.

Any established behavioral health patient that does not show for a scheduled appointment with their behavioral health provider or cancels with less than 24 hours' notice will be afforded the opportunity to schedule another session to see their assigned behavioral health provider. Established patients that do not show for a second scheduled appointment or cancels their scheduled appointment with less than 24 hours' notice for the second time will be afforded the opportunity to be placed on same day status for scheduling another appointment to see their behavioral health provider. Same day status will be indicated by a banner in patient's chart, and a letter will be sent to the patient notifying them of their same day status. The same day status expires in 2 months. Any established patient that does not respond to their provider after two outreach attempts during the same day status period will be notified in writing of their change in status from active to inactive for this treatment episode. In addition, the patient will be provided instructions on how to access behavioral health counseling services and initiate another treatment episode.

A patient's behavioral health provider is dedicated to working collaboratively with each patient to engage and empower them to consistently participate in their own treatment process. Any exceptions to the attendance policy protocols above will be submitted by the patient's provider to the behavioral health team and reviewed on a case by case basis.

By signing below I am indicating that I have read and fully understood the policy above and I agree to adhere to the behavioral healthcare department attendance policy. This policy was explained and reviewed with me by my provider and I was given the opportunity to ask any questions that I had about the policy prior to signing below.

Patient Name (Print): _____

Patient Signature: _____ **Date:** _____

Signature Required Above

BH Provider Name (Print): _____

BH Provider Signature: _____ **Date:** _____

Signature Required Above