



To Our Valued Patients:

The following explains the “no-show” policy for all Health Center services. This policy enables us to utilize available appointment times for our patients in need of medical care.

If you are unable to attend an appointment, it is necessary that you cancel your scheduled appointment no later than 24 hours prior to your scheduled appointment. To cancel a Health Center appointment, call 419-626-5623, ext. 174. Please speak clear and loud, leave your name, date of birth and appointment date and time that you are cancelling. Appointments cancelled less than 24 hours in advance will be considered a “no-show” for the appointment.

Our no show policy is as follows:

- ❖ *A “no-show” is defined as missing a scheduled appointment.*
- ❖ *Appointments cancelled less than 24 hours in advance will be considered a “no-show”.*
- ❖ *Arriving to an appointment late will be considered a “no-show”.*
- ❖ *Patients who “no-show” for their scheduled appointments 2 times will be restricted from scheduling an appointment until they attend a “no-show” class.*
- ❖ *Patients who “no-show” for a scheduled “no-show” class will be restricted to open access scheduling.*
- ❖ *Patients who “no-show” after they have attended a “no-show” class will be restricted to open access scheduling.*
- ❖ *Open access scheduling is same day appointments. Patient may call the day of and request an appointment. Depending on the demand for same day appointments, an appointment may or may not be available.*
- ❖ *Future instances of “no-show” by a patient on open access scheduling will result in the patient being terminated from the health center. The patient can write a reinstatement letter to the ECCHC CEO explaining why they should be reinstated.*
- ❖ *After reinstatement and further “no-shows” the patient will be discharged from the health center.*

We understand that situations may arise preventing patients from arriving to their scheduled appointment on time. If a patient arrives after their scheduled appointment time, the patient may be seen or may be asked to reschedule their appointment to prevent delays or inconveniences to the patients who arrive on time for their appointment.

I have received a copy of the patient notification letter informing me of the Erie County Community Health Center’s “no-show” and appointment cancellation policy. I understand that this policy is in effect and includes both medical and dental appointments.

Patient signature: _____

Date: _____

Parent signature (if a minor): _____

Date: _____

Witness: _____