

MATHERS CLINIC, LLC
MISSED APPOINTMENT POLICY

Dear Client,

Welcome to the Mathers Clinic. You have made the decision to make changes in your life and therapy is a journey that requires a commitment of your time and efforts as it can occasionally be a bumpy and painful ride.

Our staff will dedicate their time to your clinical appointments. Part of your recovery depends on you taking responsibility to keep those appointments. If you have other important commitments that make it impossible for you to keep your scheduled appointment, we expect you to call and cancel your appointment at least 24 hours in advance. Your accountability starts when you make a commitment to change and get involved in treatment. We do not want to enable you by encouraging your lack of response in regard to our time and commitment to your treatment.

**IF YOU MISS YOUR APPOINTMENT WITHOUT PROPER NOTIFICATION,
 YOU WILL BE ASSESSED A \$50.00 FEE!**

If you feel you had a valid reason for missing your appointment, you should contact our office as soon as possible to provide the reason for your missed appointment and may be rescheduled after you have paid the "No Show" fee of \$50.00.

If you do not show for your appointment a second time, you may be permanently discharged from the Mathers Clinic, **NO EXCEPTIONS.**

I, _____ (Patient Name/Parent
 or Guardian) on _____ (Date) have read and understand the
 terms of this document and agree that they will apply to my treatment at the Mathers Clinic, LLC.

 Signature of Patient or Legal Guardian

 Date



CRYSTAL LAKE: 145 S Virginia St, Crystal Lake, IL 60014

ROCKFORD: 6090 Strathmoor Dr, Ste 1, Rockford, IL 61107

WOODSTOCK: 715 W Judd St, Woodstock, IL 60098

PHONE: 815.444.9999

FAX: 815.986.1363

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