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**Attendance Policy**

Please review this form and initial in each text box to verify your agreement with each section.

Patient Name: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Regular attendance is crucial to mental health services. We understand that situations may arise in which you must cancel an appointment. Because we reserve the hour(s) needed for your family’s appointment(s), it is important to provide at least 24 hours’ notice if you must cancel or reschedule an appointment. When a patient does not show up or their cancellation/reschedule request is made less than 24 hours in advance, we are unable to offer that time slot to another patient.

**Please contact us a minimum of 24 hours before your appointment to reschedule or cancel.** To make changes to Monday appointments, please contact us by close of business on Friday. Advanced notice is required to cancel or reschedule new patient and follow-up appointments. Cancellation or reschedule requests made the day of the appointment will be considered “no show” appointments.

You may contact your provider via phone or email – use your regular means of communication, if possible. Given that there is sometimes a lag in the delivery of email, it is important to send emails at least 24 hours in advance and receive confirmation that your provider has received the email.

We recognize that while unforeseen emergencies are rare, they may arise and prevent attendance at a scheduled appointment. Thus, no shows or last minute cancellations will be excused in the following situations: urgent illness in the patient and/or caregiver requiring medical follow-up, transportation emergencies (e.g., vehicle broke down on the way to the appointment), or last minute visitation changes for families with custody arrangements.

**There will be a charge of \$50 per hour scheduled for all no shows and unexcused cancellations without 24 hours’ prior notice. Insurance companies do not reimburse providers for no-shows and cancellations. Thus, payment for this charge will be processed using your credit card on file.**

Related to attendance, please be advised that your provider may discontinue services for the following reasons: failure to attend 3 consecutive appointments without at least 24 hours’ notice, unexcused last minute cancelling/rescheduling half or more of your scheduled appointments, failure to answer or return 4 calls from your provider made over a 2-week period.

Your time is also important to us, so we will inform you in a timely manner if your provider needs to cancel or reschedule an appointment. Last minute schedule changes on our part must also be due to unforeseen emergencies.

I have read and understand this Attendance Policy. I authorize Nautilus Behavioral Health, PLLC to charge me \$50 per hour scheduled for no shows and unexcused cancellations.

\_\_\_\_\_  
Caregiver or Patient Signature

\_\_\_\_\_  
Caregiver or Patient Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date