**Appointment and Cancellation Policy**

**IT IS VERY IMPORTANT THAT YOU READ THIS POLICY CAREFULLY BEFORE SIGNING**

Eastern Plumas Health Care and its medical clinics are committed to improving your overall health and wellbeing.  Health and wellness are a team effort.  As part of a team, it is your responsibility to keep your appointment as scheduled.  If you are not able to keep your appointment, please give us 24-hour notice.

If you are not able to give us 24-hour notice or do not show up for an appointment, this counts as a "No Show."  After a "No Show" appointment, you will receive a call from our medical staff and a letter sent to your home address from our scheduling department.

**If you have three "No Show" appointments, our policy is as follows:**

* You will receive a certified letter to let you know you can no longer schedule appointments.
* All future appointments will be canceled.
* You will only be able to see your provider during a "sit-and-wait" same-day appointment.  Your provider will only be able to see you that day if they have an opening.
* A Same Day Access restriction will be noted in your chart.
* You will be able to schedule appointments again once you have kept three "sit-and-wait" same-day appointments.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand this policy.

Print name of responsible party.

Please circle relationship to patient:        Self        Parent/legal Guardian       Patient Representative

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_