

## **No Show or Cancellation Policy**

### **Cancellation of Appointment**

Please be courteous and contact us promptly if you are unable to keep your appointment. This time will be reallocated to another client who is in urgent need of treatment or on a waiting list. If you need to cancel or reschedule your appointment, we require that you give us at least 24 business hours notice.

### **How to Cancel Your Appointment**

To cancel your appointment, call (541) 414-4966 and leave a detailed message or send an e-mail to [office@aspiremhw.com](mailto:office@aspiremhw.com).

### **Late Cancellation and No Show Fees**

A “no show” is a patient who misses an appointment without at least 24 hours advance notice. For example if your appointment is at 3pm on Friday you need to call by 3pm on Thursday to cancel. If your appointment falls on a Monday, you need to cancel it by the Friday before your appointment. If you “no show” or late cancel you will be charged a \$75.00 fee. This fee will need to be paid in full before scheduling any further appointments.

Multiple “no show” appointments confirm that the patient/provider relationship is not working well. Therefore, after three missed appointments, our “no show” policy allows us to terminate your care. A letter may be sent, though not required, giving you a 30-day written notice that we will no longer be responsible for your care.

## **Controlled Substance Prescriptions and Refills**

### **Medication Prescriptions and Refills**

Clients who receive any prescriptions for controlled substances must be seen at least once every three months and may require monthly visits depending on your treatment plan. If it has been more than three months since your last appointment, you will need to make an appointment before any prescriptions will be written.

Federal law requires a new prescription with a provider’s original signature each time you go the pharmacy. We CANNOT authorize refills by phone or fax for controlled medications. Prescriptions will only be provided during a scheduled in-person appointment. We cannot provide controlled substances for telehealth visits at this time.

I have read this policy and understand it.

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**Patient or Representative Signature**

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**Date**

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**Relationship to patient**