



CHILD AND FAMILY SERVICES

Attendance Agreement Outpatient Mental Health Services

As part of the agreement we make with you concerning your participation in treatment, we ask you to read and sign the following.

A partnership between children, families and professionals is essential for effective treatment. To maximize the benefit of treatment, appointments will be made at convenient and regular times in order to ensure participation. To make a full commitment to achieving the goals of treatment it is essential that you demonstrate motivation and readiness for change. If the client is a child, the involvement of the parent is a major factor. If family therapy is the mode of treatment, we ask that all family members be present at the beginning of the appointment. Any barriers of treatment should be discussed with your SMART clinician so that a full understanding can be reached. Our commitment is to provide effective treatment in a consistent manner. We will help whenever possible to eliminate any barriers to treatment.

- Should you not be available for your scheduled appointment we ask for a 24-hour notice of cancellation before the scheduled appointment. If you cancel or miss an appointment we may not be able to reschedule quickly or at a time convenient to you.
- **If you miss an appointment and fail to provide us with a 24-hour notice, we may, at our discretion, charge you with a no-show fee of \$25.00.**
- If there are three (3) cancellations within a period of three (3) months or less, treatment will be suspended until a "re-contracting meeting" can be held between you and the SMART staff and a portion of any prior balance due is paid.
- **If you have three (3) consecutive No Shows your case will be discharged.** If you request to have services resumed after your case was closed, you will be moved back in the referral process and could possibly be placed on the waiting list; such services will only be resumed after approval from the Clinical Supervisor.
- You may remain on an inactive status for a maximum of sixty (60) days after which time your case will be discharged. If you wish to have your services resumed after being placed on inactive status you must demonstrate your willingness to actively participate in the clinical process. If you request to have services resumed after your case was closed from sixty days of inactive status, you will be moved back in the referral process and could possibly be placed on the waiting list; such services will only be resumed after approval from the Clinical Supervisor.

Your signature below indicates an acceptance of this Attendance Agreement. Please talk with your SMART staff person regarding any difficulties with this agreement.

Client Signature

Date

Legal Guardian Signature

Date

SMART Staff Signature

Date

Section: 5.240d

12-01-00
Updated: 02/03/2009

Please complete all forms in blue or black ink.

MH-Client