

## Trauma Informed Therapies Attendance Policy Agreement

Client name (printed):	Date of birth:
Attendance Policy	
It is important that clients at Trauma Informed Therapies (TIT) keep t care they need.	cheir scheduled appointments to receive the
If you must cancel or reschedule an appointment, you must do so appointment. (Monday appointments must be canceled or reschedule cancels' and 'no shows' are failed appointments. If a clinician determining impaired and unable to fully participate in their scheduled appointment failed appointment.	ed before 4 p.m. the Friday prior.) 'Late nes that a client is intoxicated or similarly
If you arrive late to an appointment, your provider will determine if the will be canceled and rescheduled. A failed appointment fee will be assess appointment will be canceled. Unless otherwise arranged, all sessions minutes. If you arrive late, you and your clinician will meet until 40 or time.	essed if the provider determines the begin at the scheduled time and last 40 or 53
You will be billed for failed appointments unless your insurance comp Failed appointments are billed to your account as follows:	any (or third-party payer) does not allow it.
<ul> <li>Individual Therapy: \$75 (unless otherwise arranged)</li> <li>Family Therapy: \$75 (unless otherwise arranged)</li> <li>Couples Therapy: \$75 (unless otherwise arranged)</li> </ul>	
Clients who fail 3 appointments will possibly face termination and refe	erral to outside resources.
Should you fail to schedule an appointment for three consecutive weeks -unless other arrangements have been made in advance- for legal and ethical reasons, TIT will consider the professional relationship discontinued.	
If for any reason a clinician feels threatened or unsafe during the professional relationship, they reserve the right to terminate the counseling relationship immediately.	
Please consult with your individual clinician for clarification of their current attendance policies.	
Contact TIT's front office at 509-842-0067 extension 1 or speak direct related questions. Please sign below to indicate you have read, unders above.	
Client or representative signature:	Date:

Relationship to client:\_\_\_

Effective: 7/25/2018