

A Better Way Counseling Service, LLC

601 E. McLoughlin Blvd. Vancouver, WA 98663

Phone: 360-281-6824

Fax: 360-314-2908

Appointment Policy

Thank you for choosing us as your mental health provider. We are committed to your treatment being successful. Our goal is to provide quality, individualized mental health care. We would like to remind you of our policy concerning appointments.

It is necessary for us to make appointments in order to see our clients as efficiently as possible. In order to be respectful of the needs of other clients, please be courteous and call our office promptly if you are unable to show for an appointment. The time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand and your early cancellation will allow another client access to timely mental health care.

No-shows and late-cancellations cause problems that go beyond a financial impact on our practice. When an appointment is made, it takes an available time slot away from another client. No-shows and late cancellations delay the delivery of mental health care to other clients, some of which are in great need of our services. A no-show is missing a scheduled appointment. A late cancellation will be defined as cancelling an appointment without notifying our staff at least 24 hours in advance. Arriving 15 minutes or later to an appointment will be treated the same as a no-show or late cancellation. If you do not provide adequate notice, a fee will be assessed and will be due in full at your next appointment.

To cancel your appointment, please call (360) 281-6824. If you do not reach one of our office staff, you may leave a detailed message on our voicemail. We encourage you to ask any questions you may have regarding our attendance policy so that you may have a clear understanding. We value you as a client and look forward to serving you.

By signing below you acknowledge that you have read and understand this appointment policy and accept the above mentioned terms.

If you cancel a session with less than 24 hours notice, the full session fee will be charged to the client. This is an updated policy from what is written in your counselor's disclosure statement, as of 2018. This fee can be waived in the case of a documented emergency, or at your counselor's discretion.

Client Name: _____ Date: _____

Client Signature: _____ Date: _____

Robert Johnson, M.Ed., LMHC

Debbie Tomasovic, M.Ed./Ed.S., LMFT

Certified Domestic Violence Treatment Providers and Supervisors

www.abwcs.com