



## BROKEN APPOINTMENT & NO SHOW POLICY

Florida Department of Health Walton County and Walton Community Health Center strives to service and improve the health of our patients. For us to be able to better serve and be more efficient for our patients we have established a Broken Appointment and No Show Policy.

Due to increasing number of broken appointments, it is necessary to enforce a Broken Appointment/No Show Policy effective immediately for all Medical and Dental clinics.

It is the responsibility of the patient (or parent, in the case of a child) to notify the Florida Department of Health Walton County, Walton Community Health Center clinics at least 24 hours prior to their scheduled appointment if they will be unable to make their appointment. Appointments cancelled at least 3 hours before scheduled appointment will not be considered a No Show. If there are two or more No Shows or broken appointments without proper notice, the patient will not be offered pre-booked appointments for up to one year. The patient will be offered to come in and wait to be seen as a walk-in. We cannot guarantee that there will be an appointment available as a walk-in, priority is given to clients with scheduled appointments.

All clients are required to arrive prior to their appointment time in order to update information.

Arriving on time for an appointment is necessary, therefore not arriving at the exact time of your appointment constitutes a no show.

Every effort will be made when time permits to contact patients to remind them of their appointment. It is the responsibility of the patient to notify Florida Department of Health Walton County, Walton Community Health Center Medical and Dental Clinic staff of current contact information for this purpose.

By signing below, you acknowledge that you have read and understand the above statement and that every effort will be made to contact the Florida Department of Health Walton County, Walton Community Health Center Medical and Dental clinic staff when you are unable to keep your appointment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_