

BROKEN APPOINTMENT & NO-SHOW POLICY

The Florida Department of Health (FDOH) in Walton County and Walton Community Health Center (WCHC) aim to deliver high quality, patient-centered care to our clients. When clients arrive late or miss appointments this negatively impacts our ability to accomplish this goal for all our clients. Due to an increasing number of broken appointments and no shows, we have established a new “Broken Appointment & No-Show Policy”, to be effective immediately, for all medical and dental clinics.

It is the responsibility of the client or legal guardian, in the case of a minor child, to notify the FDOH or WCHC at least 24 hours prior to a scheduled appointment if the client is unable to arrive on time for an appointment. Appointments cancelled at least 3 hours before the scheduled appointment time will not be considered a no-show. If a client has two or more no-shows or broken appointments without proper notice, the client will no longer be offered pre-booked appointments for up to one year and will be only offered to come in as a walk-in patient. We cannot guarantee that there will be a walk-in appointment available on a given day, as priority will be given to clients with on-time and scheduled appointments.

All clients are required to arrive on time for their scheduled appointment. Every effort will be made when time permits to contact clients to remind them of their appointment. It is the responsibility of the client to notify FDOH or WCHC staff of current contact information for this purpose.

A grace period of up to 15 minutes will be issued for each scheduled appointment. Once the 15-minute grace period has expired, the client will be asked to reschedule or will be offered to wait as a walk-in client. We cannot guarantee that there will be a walk-in appointment available on a given day, as priority will be given to clients with on-time and scheduled appointments.

By signing below, you acknowledge that you have read and understand the above statement and that every effort will be made to contact the FDOH or WCHC Medical or Dental clinic staff when you are unable to keep your appointment.

Signature: _____

Date: _____

Witness: _____

Date: _____