Clinic Appointment Policy Acknowledgement

Purpose

In order to maintain quality patient care and timely access to care, the following established guidelines regarding appointments with NVIH healthcare clinics are to be followed.

Policy

New Patient Appointments:

1. New patients who are unable to keep their scheduled initial appointment must notify clinic staff no later than one business day in advance of the intended cancellation. Failure to do so will be considered a missed (no-show) appointment.
2. New patients who miss their scheduled initial appointment twice will not be rescheduled. Exceptions may be authorized by the Lead Provider or Department Director. *

Established Patient Appointments:

1. Patients who are unable to keep a scheduled appointment must notify clinic staff no later than one day in advance of the scheduled appointment. Failure to do so will be considered a missed (no-show) appointment.
2. Arriving more than ten minutes late for a scheduled appointment may result in the Clinic Site Manager determining the appointment has been missed (no-show).
3. Late arrival for any same day appointment scheduled for 15 minutes or less may result in not being seen by the provider due to limited length of time and will be considered a no-show.
4. Patients will be considered high-risk no-show patients if they miss two appointments within a 12-month period. Patients may receive written notification from NVIH outlining the following potential actions: (1) inability to reserve individual scheduled appointment time slots; (2) limitation on the number of future appointments scheduled; and/or (3) cancellation of scheduled future appointments. Notification will also inform the patient of the option to be seen as a stand-by or same-day patient, as available.
5. If a patient misses three appointments within a six-month period and continues to miss appointments, the patient may be dismissed from associated clinical services as a result of noncompliance with treatment, at the rendering provider's discretion. For Native American patients, a stand-by or same-day work-in option will be considered in lieu of dismissal. **
6. If a patient is allowed to continue care after three missed appointments within a six-month period and continues to miss future appointments, the patient may be dismissed from associated clinical services at the discretion of the Department Director. For Native American patients, a stand-by or same-day work-in option will be considered in lieu of dismissal. **
7. Patients who exhibit a pattern of chronic appointment cancellations, despite providing appropriate notice, may be subject to the following: (1) limitation on the number of future appointments scheduled; (2) cancellation of

scheduled future appointments; or (3) transition to same-day appointment status. This measure ensures equitable access to care by reducing unused reserved appointment time slots.

Definitions

New Patient: A person who has not previously been registered within the NVIH system; a patient who has been registered but has not had an established care visit; or a patient who has not been active within the NVIH system for at least three years.

Stand-by: A patient scheduled in a double-booked time slot. Staff will work efficiently to room the patient in a timely manner. The patient should expect potential delays in seeing the provider, and visit services may be limited based on available time. (e.g.: Dental treatment may be limited to limited exam/minor treatment).

Same-day: A patient who calls on the same day and is advised regarding availability and arrival time for a same-day work-in appointment. Minor delays may occur.

Chronic appointment cancellations: Patients who cancel three or more appointments within a 6-month period.

*Native American patients will be placed on a stand-by or same day work-in option.

**Dismissal of patients will be considered, in accordance with the Patient Termination Policy.

Patient Acknowledgement:

I acknowledge that I have been given the opportunity to review the Clinic Appointment Policy and that a copy has been provided to me upon request.

Patient Printed Name: _____ Patient DOB: _____

Patient/Parent Signature: _____ Date: _____

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NVIH Use Only:

HRN: _____