



Attendance Agreement

Fairview Counseling Centers

To get the most out of your treatment, it is important to make it a top priority. You must try to keep all of the appointments (visits) that you schedule. To support you in this effort, we ask that you review and sign this form to show your commitment.

I have read and understand the following:

- I will commit to my treatment with Fairview Counseling Centers. I will make it a priority to go to all scheduled visits.
- If I need to cancel a visit, I must call **at least 24 hours in advance**. This allows Fairview Counseling Centers to give my time slot to another client.
- Fairview Counseling Centers will only call to remind me of my **first** visit.
- **If I miss two visits within six months, and I do not call to cancel them**, Fairview Counseling Centers may stop providing me services.
- **If I stop seeing my therapist for 90 days or more**, I may need to complete another set of intake forms if I want to return to therapy.

Client name (please print) _____

Client signature _____ Date _____ Time: _____

Therapist signature _____ Date _____ Time: _____



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