



Client Name: _____ **MRN:** _____

Welcome to Contra Costa County Mental Health Services! We are committed to your well-being and providing the best quality of care.

Importance of Attending Appointments:

Attending appointments regularly will help you get the most benefit from treatment. We ask that you make every effort to attend all scheduled appointments.

If you are unable to attend an appointment, please cancel the appointment ***as soon as possible, preferably at least 24 hours in advance.*** If you are not able to provide 24 hours' advance notice, ***we still ask that you cancel as soon as possible.*** This will allow our providers to schedule someone else into that appointment time.

We are obligated to review the records of clients who we have lost contact with to determine whether they should be discharged from care.

Appointment Reminders:

If you made a clinic-based appointment more than 48 hours in advance, in most cases you will receive an automated reminder call or text (depending on the option you selected) to help you remember your appointment.

Difficulties attending appointments:

If you have a problem that makes it difficult for you to attend your appointments (such as transportation), please let us know. We can help you find any needed resources so that you can come to your appointment.

How to cancel your appointment:

You may cancel your appointment in any of the following ways:

- Call your clinic, _____, at _____. If no one answers, please leave a cancellation message on the voicemail system.



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- If you have a MyChart account, you may notify your provider through MyChart. Apps are available on the Apple Store or Google Play Store, and it can be accessed on the web at <https://mycclink.cchealth.org>.
- Respond to the instructions in the automated appointment reminder you receive.

We are eager to partner with you to work toward your well-being!

Please sign this form to acknowledge that a staff member has:

- explained the Mental Health Attendance Guidelines to you,
- answered any questions you had, and
- offered you a copy of this document for your records.

_____ Client/Legal Representative Signature	_____ Client/Legal Representative Printed Name	_____ Date
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_____ County Staff Signature	_____ County Staff Printed Name	_____ Date
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For Clinic Use Only