No-Show Policy

Caring for you is our priority. Please take a few minutes to review our no-show policy. Sign at the bottom of the form after reading. If you have any questions please let us know.

What is a “No-Show” Appointment
Vista Community Clinic defines a “no-show” appointment as any scheduled appointment in which the patient either:
- Does not arrive to the appointment
- Cancels with less than 24 hours’ notice
- Arrives more than 10 minutes late and is unable to be seen.

What Happens when you “No-Show” an Appointment
“No-show” appointments hurt our ability to take care of our patients. When a patient “no-shows” an appointment it:
- Puts the health of the “no-showing” patient at risk
- Is not fair to other patients that would have used the appointment slot
- Shows lack of respect for the provider’s and clinic staff time that goes into planning for your visit before you arrive.

How to avoid having a No-Show Appointment
1. Confirm your appointment
2. Arrive 5-10 minutes early
3. Give 6 hours’ notice to cancel appointment

1. Make sure your appointment works for you
   Vista Community Clinic will try to contact you by text message two days before your scheduled appointment. Please reply to the text to confirm or cancel your appointment.

2. Please come to the clinic 5-10 minutes early
   Please come to the clinic 5-10 minutes before your scheduled visit. This will give you time to ask questions or complete paperwork.

3. Let us know if you need to cancel
   When you need to cancel or reschedule a visit, please contact our office 24 hours before your scheduled visit. This gives us enough time to reschedule your care. It also lets another patient to use the appointment time. If it is less than 24 hours before your appointment and something comes up, please help us by calling or texting us.

After 3 “No-Show” Appointments
If you miss 3 or more appointments within a year, VCC will not schedule you for any future appointments and you will need to walk-in and wait to be seen.

I have read and agree with the VCC “No Show” Policy

Patient Signature______________________________  Date__________________