



Welcome to Treasure Coast Community Health Behavioral Health Services

This is a commitment between you and your provider. Due to the high demand for Psychiatric and therapeutic services in our community, it has become necessary to streamline our cancellation and scheduling process. This document summarizes TCCH procedures regarding patient responsibilities in this regard.

You, the patient and/or responsible adult of a minor patient, agree to **cancel appointments one business day ahead of the scheduled appointment**, and to confirm any appointments going forward.

If you do not call to cancel and confirm your next appointments, TCCH agrees to send one reminder letter regarding your future appointments. If you do not reply to the reminder letter, TCCH will understand that you are cancelling treatment and will cancel your future appointments.

Thank you for your anticipated understanding and cooperation in this matter. Our goal is to provide quality service to all those in need, and our cancellation procedures will further enable us to succeed in our mission.

Please sign below to indicate you have read and understand the scheduling procedures as outlined above.

Patient's Name

Patient's Signature

Parent/Legal Guardian Name (If applicable)

Date

Witness

Fellsmere
12196 County Rd. 512
Fellsmere, FL 32948

Sebastian
13505 US Highway 1
Sebastian, FL 32958

V787
787 37TH St. Suite 140
Vero Beach FL, 32960

Central
1553 US Highway 1
Vero Beach, FL 32960

Oslo
1545 9th St. SW
Vero Beach, FL 32962