CANCELLATION & RESCHEDULING POLICY

Effective Date: _____
Holistic Origin Her Wellness™

PURPOSE

Holistic Origin Her Wellness™ reserves dedicated consultation time for each patient. This policy explains the requirements for canceling, rescheduling, arriving late for, or missing a scheduled consultation.

Appointments should be canceled or rescheduled at least 24 hours before the scheduled consultation time.

CANCELLATIONS OR RESCHEDULING WITH 24+ HOURS' NOTICE

When a patient cancels or requests to reschedule at least 24 hours before the scheduled consultation time, no cancellation penalty applies.

- The consultation payment may be transferred to a rescheduled appointment, or
- A refund may be issued when appropriate under the practice's Financial Policy.

Any rescheduled consultation remains subject to current availability and applicable scheduling requirements.

LATE CANCELLATION - LESS THAN 24 HOURS

A cancellation or rescheduling request received less than 24 hours before the scheduled consultation time is subject to a fee equal to 50% of the scheduled consultation fee.

For a prepaid consultation, Holistic Origin Her Wellness™ will retain 50% of the scheduled consultation fee as the late-cancellation fee. The remaining 50% will be refunded or otherwise handled in accordance with the practice's Financial Policy.

If consultation fees change in the future, the late-cancellation fee will remain 50% of the fee applicable to the appointment that was scheduled.

NO-SHOWS

Failure to attend a scheduled consultation without notice is subject to a fee equal to 100% of the scheduled consultation fee.

A patient is considered a no-show when the patient does not attend the scheduled consultation and has not canceled or rescheduled in accordance with this policy.

Because the appointment time was reserved exclusively for the patient, a no-show consultation fee is not transferred to a future appointment, subject to applicable law and any exceptional-circumstance determination made by the practice.

LATE ARRIVALS

Patients should join their telehealth consultation on time and be prepared to begin at the scheduled appointment time.

When a patient arrives late, the consultation may proceed using the remaining scheduled time if the provider determines that an appropriate consultation can still be completed.

- The consultation will not be extended beyond its originally scheduled end time.
- The full consultation fee remains applicable when the consultation proceeds.
- If the delay is substantial enough that an appropriate consultation cannot be completed, the appointment may be treated as a late cancellation and the applicable late-cancellation fee may apply.

PRACTICE CANCELLATIONS & PRACTICE-SIDE TECHNOLOGY PROBLEMS

If Holistic Origin Her Wellness™ must cancel a consultation, the patient may reschedule without penalty or receive a refund of the consultation fee for the affected appointment.

If a practice-side technology failure prevents the consultation from occurring or being reasonably completed, the patient will not be charged a cancellation or no-show penalty for that occurrence. The practice will offer appropriate rescheduling or refund options.

PATIENT-SIDE TECHNOLOGY PROBLEMS

Patients are responsible for maintaining a device capable of secure video communication, reliable internet access, and a suitable environment for the telehealth consultation.

If a patient-side technology problem delays or prevents the consultation, Holistic Origin Her Wellness™ will make reasonable efforts to determine whether the consultation can proceed. Depending on the circumstances and the amount of appointment time remaining, the late-arrival, late-cancellation, or no-show provisions of this policy may apply.

EXCEPTIONAL CIRCUMSTANCES

Holistic Origin Her Wellness™ recognizes that unexpected serious circumstances can occur.

The practice may waive or modify a late-cancellation or no-show fee, in whole or in part, when the practice determines that documented or otherwise reasonably verifiable exceptional circumstances justify an exception.

Exceptions are considered individually and are not guaranteed.

Nothing in this section requires a patient to disclose more personal information than reasonably necessary for the practice to evaluate the requested exception.

REPEATED LATE CANCELLATIONS OR NO-SHOWS

Repeated late cancellations or no-shows may result in scheduling restrictions, advance-payment requirements, or discontinuation of future consultation services when appropriate and permitted by applicable law.

Any decision to discontinue an established professional relationship will be handled in accordance with applicable professional and legal obligations.

HOW TO CANCEL OR RESCHEDULE

Patients should use the scheduling system, patient portal, or other practice-approved communication method to cancel or request rescheduling.

A cancellation or rescheduling request is considered received when it is successfully submitted through an approved method or otherwise acknowledged by the practice.

Patients should not use emergency communication channels to cancel routine appointments.

RELATIONSHIP TO FINANCIAL POLICY

This Cancellation & Rescheduling Policy should be read together with the Holistic Origin Her Wellness™ Financial Policy.

The Financial Policy governs general payment and refund responsibilities. This policy specifically governs financial consequences related to cancellation, rescheduling, late arrival, and no-show appointments.

PATIENT ACKNOWLEDGMENT

- I have read and understand this Cancellation & Rescheduling Policy.
- I understand that appointments should be canceled or rescheduled at least 24 hours in advance.
- I understand that cancellation or rescheduling with less than 24 hours' notice is subject to a fee equal to 50% of the scheduled consultation fee.
- I understand that a no-show is subject to a fee equal to 100% of the scheduled consultation fee.
- I understand that arriving late does not extend the scheduled consultation time.
- I understand that exceptional-circumstance fee waivers or modifications are determined individually and are not guaranteed.
- I understand that repeated late cancellations or no-shows may affect my ability to schedule future consultations.

Patient Name: _____

Patient Signature: _____

Date: _____