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## **Health and Wellness Center**

### **No Show/Late Cancellation Policy**

If you have two no shows or late cancellations in an academic year, you will no longer be eligible for ongoing services until the next academic year.

Any student may submit a no show/late cancellation policy exception form. Forms are submitted to the Health and Wellness Center director for approval.

- To obtain the exception form e-mail: [sachealth\\_center@sac.edu](mailto:sachealth_center@sac.edu) or visit the Health and Wellness Center front desk.

Approved exception forms do not count toward the two no-show/late cancellation appointments.

### **Exceptions**

- Students will be eligible for crisis services regardless of number of no-show/late cancellation appointments.
- If you arrive late for a medical appointment or ongoing psychological services appointment, it is at the discretion of your clinician if you will be seen.
- After two no-show or late cancellations, a student may be eligible for reinstatement of services at the Health and Wellness center.
  - In order to be reinstated, a student must schedule an appointment to meet with the HWC director
  - Students may schedule this appointment by phone or in-person

### **Definition of Late Cancellation:**

- a. A scheduled appointment canceled with less than 24 hours in advance.
- b. If you arrive less than 10 minutes early for your first psychological services appointment (intake), your appointment will be considered a late cancellation and re-scheduled. This does not apply to medical appointments.

### **Definition of No Show:**

- a. A no show is failure to come to a scheduled appointment.



## **Appointment No-Show & Late Cancellation Exception Request Form**

We understand that unforeseen circumstances may arise, preventing students from attending their scheduled appointments. Please complete this form and submit for review.

### **STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **APPOINTMENT DETAILS**

Date of Missed Appointment: \_\_\_\_\_ Time of Appointment: \_\_\_\_\_

Reason for No-Show/Late Cancellation:

- ☐ Medical Emergency      ☐ Family Emergency      ☐ Transportation Issues  
☐ Work/School Schedule Conflict      ☐ Other (Please explain): \_\_\_\_\_

Please provide a brief explanation of your circumstances:

Supporting Documentation (if available, not required):

- ☐ Doctor's Note      ☐ Employer's Note      ☐ Accident Report      ☐ Other: \_\_\_\_\_

### **STUDENT CERTIFICATION**

I certify that the information provided above is true and accurate to the best of my knowledge. I understand that submitting this form does not guarantee that the exception will be approved, and the Health Center will review my request based on the provided information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for submitting your request. You will receive a response within 5 business days.**

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### **FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Decision: ☐ Approved      ☐ Denied

Note: \_\_\_\_\_

Student Notified on (Date): \_\_\_\_\_

Notification Method: ☐ Email      ☐ Phone      ☐ In-Person      ☐ Portal      ☐ Other: \_\_\_\_\_