



Sunny Hills Behavioral Health, Inc  
140 E. Commonwealth Ave., Suite 101  
Fullerton, CA 92832  
714-773-4111 Fax 714-773-42222

## No-Show and Cancellation Agreement

In an effort to provide excellent client service to all of our clients, and to provide the best possible therapeutic environment, it is our policy to require a fee for no-show appointments and cancellations made less than 24 hours in advance of the scheduled appointment.

**The fee of \$75.00 will be implemented in your account.**

I,(named below) understand and agree that if I do not show up for my scheduled appointment  
or  
if I cancel my scheduled appointment with less than 24 hours' notice, I will be charged a fee of  
\$75.00

First Name

Last Name

\_\_\_\_\_

\_\_\_\_\_

Patient/Guardian

6/8/2018

**Signature**

**Date**

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**Patient's Name**

**First Name**

**Middle Name / MI**

**Last Name**

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