[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Important Reminder Regarding Telehealth Appointment Policy

Dear [Patient Name],

We are writing to provide a friendly reminder regarding our clinic's telehealth attendance policy. To ensure that all our patients receive timely care, it is essential that scheduled appointments are kept or cancelled with sufficient notice.

Our Policy Highlights:

- **Connection Time:** Please log in to the virtual waiting room 5-10 minutes before your scheduled start time to test your camera and microphone.
- **Cancellation Notice:** If you need to cancel or reschedule, please notify us at least [Number] hours in advance.
- **Late Arrivals:** If you are more than [Number] minutes late to the virtual session, the appointment may be marked as a "No-Show" and will need to be rescheduled.
- **Missed Appointment Fees:** Failure to provide required notice or missing an appointment may result in a fee of $[Amount].

To cancel or reschedule an appointment, please call our office at [Phone Number] or use our online patient portal at [Link/URL].

Thank you for your cooperation and for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Staff Name/Department]
[Clinic Name]
[Phone Number]