

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Notice Regarding Missed Appointments

Dear [Patient Name],

This letter is to formally notify you that our records indicate you have missed [Number] scheduled appointments on the following dates: [Date 1], [Date 2], and [Date 3], without providing prior notice.

Consistent attendance is a vital component of your psychiatric treatment and overall mental health care. Frequent "no-shows" disrupt the continuity of your care and prevent other patients in need from accessing these time slots.

Please be advised of our clinic policy regarding missed appointments:

- Patients are required to provide at least [Number] hours notice to cancel or reschedule.
- A "no-show" fee of \$[Amount] may be charged to your account for missed visits.
- Repeated missed appointments may result in the termination of the provider-patient relationship and discharge from this clinic.

We value your health and wish to continue supporting your treatment. If you are experiencing barriers that make it difficult to attend your appointments, please contact us at [Phone Number] so we can discuss how to best assist you.

Please contact our office by [Date] to confirm your interest in continuing treatment and to schedule your next appointment. Failure to contact us may result in your file being closed.

Sincerely,

[Provider Name or Clinic Manager]

[Clinic Name]

[Phone Number]