

Jared Crouse Counseling PLLC

1760 E. Boston St. Suite 102

Gilbert, Arizona 85295

480-300-1926

**Appointment Reminders**

<b>Client Name</b>	<b>Client Name</b>
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I give permission for Jared Crouse Counseling PLLC to send reminders of upcoming appointments for the client(s) listed above in the following ways:

\_\_\_ Text message sent 1 day before the session to this number: \_\_\_\_\_

\_\_\_ Email sent 2 days before the session to this email address: \_\_\_\_\_

I understand that any appointment not attended or cancelled with at least 24-hour notice will result in a \$60 no-show fee, regardless of whether or not I received a reminder text and/or email. I also understand that these messages will be sent by an automated system and therefore, there may be times when I do not receive a reminder. I understand that it is my responsibility to attend (or cancel with at least 24 hours notice) any appointment schedule with Jared Crouse Counseling PLLC.

I understand that if I decide I would not like to receive these reminders, I will notify Jared Crouse Counseling PLLC in writing and will allow 30 days for the change(s) to be made.

I have had the opportunity to ask questions regarding this and agree to the terms above.

Client/Parent Signature	Date
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