

Client Name: \_\_\_\_\_

I, \_\_\_\_\_, give Eddie Windham, LCSW, permission  
(client or responsible party)

to contact me in order to remind me of scheduled appointments by:

[  ] Text me at the following cell phone number: \_\_\_\_\_

[  ] Email me at the following email address: \_\_\_\_\_

[  ] I do not wish to be reminded.

When texting or emailing reminders, Eddie Windham, LCSW will use first name of the client along with the day and time of the appointment. By my signature, I give Eddie Windham, LCSW permission to send me reminders by the indicated method using this format. I also am aware that there is a \$50 charge for missed appointments. There is no charge for an appointment cancelled with at least 24 hours notice.

\_\_\_\_\_  
(client or responsible party)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(date)