## Eddie Windham, LCSW 300 East McNeese Street \* Suite 3A \* Lake Charles \* LA \* 70605 (337) 302-0801

C	lient Name:
I,	, give Eddie Windham, LCSW, permission to (client or responsible party)
cc	ontact 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 and 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.
al W	Then texting or emailing reminders, Eddie Windham, LCSW will use first name ong with the day and time of the appointment. By my signature, I give Eddie indham, LCSW permission to send me reminders by the indicated method sing this format.
(	(client or responsible party) ——// (date)