

Appointment Reminders

(Practice Name) does send out automated appointment reminders 24 hours before your scheduled appointment as a courtesy to clients. I authorize (Practice Name) and the therapist to contact me with appointment reminders. I understand the risks involved and that (Practice Name) has no control over who might see any messages once they are sent, even though they are sent to the number or email you designate. You may choose not to get appointment reminders.

I prefer that they do this by:

(Check which method):

_____ Phone Call _____(phone)

May we leave a message at this number? _____ Yes _____ No

_____ Text Message _____(phone)

_____ Email _____(email address)

_____ I DO NOT want appointment reminders.

(Please see next page)

Communications and Social Media Policy _____(initials)

I understand that the only communications with clients electronically or online (email, texting or IM) with (Practice Name) and its therapists will be for scheduling and rescheduling purposes only. No case specifics, issues discussed in sessions or personal health information will be communicated using these electronic means. I understand that (Practice Name) does not use social media platforms or other instant messaging (IM) services to communicate with clients. We will only communicate scheduling using the methods authorized above; phone, text or email appointment reminders.

(Practice Name) and their therapists do use various “social media’ platforms to market and communicate information about the practice and provide appropriate resources to the community. I understand that it is the policy of (Practice Name) and their therapists to NOT “Like’, “Friend” or “Follow” clients on these various social media platforms in order to maintain client confidentiality. (For example, we do not accept or ask for “Friend” requests on Facebook from clients.) I understand too that I may choose to “Like” or “Follow” the (Practice Name) social media sites and that their might be certain risks involved such as people associating you with the organization. Please use our social media platforms with discretion.

I have read and agree to these policies by (Practice Name)

_____ Date_____

(client name)