

LAKEVILLE BEHAVIORAL HEALTH APPOINTMENT REMINDERS

Lakeville Behavioral Health now offers appointment reminders through email only.

I acknowledge that appointment information is confidential. I hereby give permission for Lakeville Behavioral Health to email appointment information only.

EMAIL: _____

NAME: _____

CLIENT NAME: _____

DATE OF BIRTH: _____

CLIENT SIGNATURE: _____

NOTE:

Appointment reminders do not exclude receiving the missed appointment fee. Lakeville Behavioral Health still asks for a 24-hour cancellation notice when canceling appointments. If the reminder is not received, you are still responsible for knowing when your appointments are. If the appointment is missed a fee may still be charged.

I understand that I will be charged a **late/cancellation** fee of \$100.00 for any scheduled appointments that I fail to attend or that I do not cancel within 24 hours prior to the scheduled appointment time. **I also understand that the cancellation for Mondays appointments must be made before noon on Friday to avoid the late fee.**