

PA Counseling Policy

Patient Name: _____ Start Date: _____

Voicemail/Email/Text Message Policy and Consent

By signing below, I (or guardian/guardian if patient is under 18) acknowledge that I am giving PA Counseling my consent to contact me for the purpose of reminding me about my or my child's appointment.

I consent to receive reminder calls as follows:

___ Do NOT identify agency when calling at (my phone#) _____
(Underline) Home Cell

___ Do NOT call

___ PA Counseling may identify agency when calling (my phone#) _____
(Underline) Home Cell

My second contact preference phone # is

___ PA Counseling may TEXT me for reminder calls _____
(Underline) Home Cell

X _____
Signature

X _____
Date

NO SHOW POLICY

If you are not able to keep your scheduled appointment, please call PA Counseling at 814-714-0001 at least 24-hour prior to your appointment.

Please note: Insurance does not pay PA Counseling if you do not show for your appointment

TWO NO SHOW LIMIT

\$40 cash escrow hold required for sessions deemed mandatory by another agency

If you do not show for 2 (two) appointments, PA Counseling can charge \$40 no show fee and refuse any further appointments. If counseling is mandated by another agency, PA Counseling may also require credit card information or \$40 cash/check in order to charge for escrow in case of no show for next appointment. **\$40 escrow policy does not apply to government/MA/Medicare insured.**

Not showing includes not calling within less than 24 hours prior to your appointment to cancel, or failure to provide a reasonable excuse for having missed the appointment.

By signing below, you fully acknowledge that you have been made aware of PA Counseling's no show policy.

X _____
Signature

X _____
Date