

**JESSICA ACKER LPC INC**  
**12321 TIERRA HUMEDA, EL PASO TX 79938**  
**915-691-7130**

**CONTACT PREFERENCE AND OFFICE POLICIES**

I understand that the office of Jessica Acker LPC INC frequently uses text to notify clients of appointments. If a reminder is not sent or is not received this does not waive liability for the scheduled appointments. I recommend using text at (915) 694-1486 for any cancellations but by phone also accepted No emails will be considered as notice of cancellation.

I request that I be notified by phone or text of upcoming appointments or changes at the following number.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

If client is a minor both parents have the right to be contacted about any appointment made, cancelled, or changed unless legal documentation is provided states otherwise. I request that if you are bringing in a child to please inform both parents of this decision immediately and provide them and myself with contact information for the other party. Our therapy approach is a family centered practice.

To avoid any conflicts between parties I understand that as a parent of a child, any text that is sent regarding my child may be shared with the other parent. Our office will consider all information provided by either parent as part of the child's file and available to all parties involved with a release of information.

I will not engage in passing messages among parents and ask that conflictual conversations not to be held in my office with the child present. If this occurs one or both parties will be asked to leave. This includes conversations that are counterproductive to therapy, loud or aggressive verbal or nonverbal behavior, threats, cursing, or argumentative

If an appointment needs to be rescheduled, please do so within 24 hours or a \$50 no show fee will be billed and due prior to making another appointment. If you arrive more than 10 minutes late for any appointment it will be cancelled, and a no-show fee will be billed. These charges are not billable to insurance and you will be solely responsible for these fees and agree to pay them in a timely manner.

If our office needs to cancel an appointment due to injury, illness or emergency we will contact you as soon as possible. Initiation of a cancellation by our office doesn't waive any fees due to prior balances or following this

All copays are due by debit, credit, bank check, money order or cash. Electronic invoices may be provided upon request. While we are capable of receiving credit and debit payment, we avoid these so that we do not have to pass along those charges. Medical cards are not always able to be processed, however, we will provide necessary documentation for reimbursement to you for no charge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date