

**Santa Barbara Behavioral Health**

**Appointment Reminder Notification Release**

Santa Barbara Behavioral Health can provide courtesy reminder calls for upcoming appointments. If you wish reminder calls, please provide your permission for reminder notifications and how you would prefer to receive them.

I hereby give permission to Santa Barbara Behavioral Health to remind me of upcoming appointments in the manner below. You may number the method(s) to indicate the order of your preference for notification. We can only provide one means of notification. We will attempt to honor your preference.

Call (  ) \_\_\_\_\_ and you may leave a message for me if I am unavailable.

Email reminder notices to \_\_\_\_\_

Text reminder notices (follow directions on form available from office staff).

I understand that SBBH offers reminder notifications as a courtesy and does not guarantee that reminder notifications will be made in all instances. I also understand that failure to receive reminder notification for any reason does not release me from my obligation to cancel appointments with at least 24 business hours notice or pay for the full charge for any missed appointments.

Patient Name \_\_\_\_\_ Person Responsible \_\_\_\_\_  
(If different from patient)

Signature of \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Responsible party

**Primary Care Physician Release**

It is usually beneficial for your primary care physician (PCP) to be advised of your care.

I hereby give permission to Santa Barbara Behavioral Health to advise my primary care physician of my care.

Patient Name \_\_\_\_\_ Person Responsible \_\_\_\_\_  
(If different from patient)

Signature of \_\_\_\_\_ Date \_\_\_\_\_  
Patient/Responsible party

Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary care physician address: \_\_\_\_\_  
\_\_\_\_\_