



NO-SHOW AND LATE CANCELATION APPEAL FORM

Garrett Counseling wants to increase our communities access to services. When a client fails to keep an appointment or cancels at the last minute, professional time goes unused and other clients fail to get timely service.

If we have made an error in scheduling or you believe you deserve special consideration for a “No-Show / Late Cancellation Fee”, please complete the following information (attach with any supporting documentation you may have). Your request will be reviewed and you will receive a decision via email.

Completed forms must be received by GCC no later than two weeks from the date of the missed appointment. The form can be submitted to GCC by:

- Mailing the form to PO BOX 1162 Jacksonville, AL 36265
- Faxing the form to 256-217-4162
- Emailing the form to scheduling@garrettcounseling.com (note that your email will be sent GCC via unencrypted email and confidentiality should not be expected). Please use caution when including medical information.

Client Full Legal Name: _____

Address: _____

Phone / Email: _____

Date the appointment was missed or late canceled: _____

Name of your counselor: _____

Describe the reason for requesting special consideration: _____

Signature: _____ Date _____