

SURPRISE BEHAVIORAL HEALTH  
Ruth J. Gruen, L.M.F.T.  
15535 N. Reems Road, Suite 12, Surprise, AZ 85374  
623-337-3388

**DECLARATION OF AGREEMENT REGARDING MISSED OR  
CANCELLED APPOINTMENTS**

I understand and agree to the following:

1. It is my responsibility to notify Ruth Gruen, SURPRISE BEHAVIORAL HEALTH, 623-337-3388 at least 24 hours prior to the scheduled appointment if I am unable to keep my scheduled appointment.
2. I agree that I will be billed and responsible for paying the fee of \$85.00 in the event that I miss an appointment or fail to cancel at least 24 hours prior to the scheduled appointment.
3. I understand that the fee charged for a “No Show” or late cancellation must be paid before I will be able to reschedule.
4. Exceptions will be made for emergency situations on a case by case basis.

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

I acknowledge that I have received a copy of my patient rights.

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_