

Consent for Text and Email Appointment Reminders

Patient Name: _____ DOB: _____

Please initial your preference below:

_____ I consent to receive text and/or email reminders from my therapist regarding upcoming appointments.

Cell Phone: _____

Email Address: _____

Patient Signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

_____ I do **NOT** consent to receive text or email reminders from my therapist regarding upcoming appointments. If I choose this option I will be responsible for remembering my appointment date and time without a reminder from my therapist.

Patient Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Please be aware that unencrypted email and/or cell phone messages may be insecure and can be accessed by a third party and may compromise the privacy and confidentiality of such communication.