



**Voicemail/Email/Text Message Policy and Consent**

By signing below, I \_\_\_\_\_ or the parent/guardian of \_\_\_\_\_ acknowledge that I am giving The Hope Counseling Center my consent to contact me via voice mail, e-mail and/or text message for the purpose of reminding me about my or my child's appointment.

By signing below, I \_\_\_\_\_ acknowledge that I am giving The Hope Counseling Center my consent to contact me via voice mail, e-mail and/or text message for the purpose of reminding me about my appointment.

Please indicate an acceptable email that you are willing to receive appointment reminders:

\_\_\_\_\_

Please indicate an acceptable cell phone number that your are willing to receive text messaging appointment reminders:

\_\_\_\_\_

\_\_\_\_\_

Patient Name

Patient Signature (if age 18 or younger)

\_\_\_\_\_

Parent or legal guardian Signature

Witness Signature

\_\_\_\_\_

Date