



**Consent to Receive or Discontinue Text Messages**

By signing below I authorize Options Family & Behavior Services to contact me by SMS text message for reminder, confirmation, arrival, rescheduling, or cancellation notifications regarding telehealth or in person appointments from Options Family & Behavior Services.

I understand that messages by SMS text are not considered secure means of communication. Messages may be read by third parties, including but not limited to telecommunication service providers.

I understand that message/data rates may apply to messages sent by Options Family & Behavior Services under my cell phone plan.

I know that I am under no obligation to authorize Options Family & Behavior to send me text messages. I may opt out or receiving these communications at any time by contacting my primary staff contact at Options Family & Behavior Services staff, in writing.

I understand that text messages are not a substitute for professional or medical attention.

No Protected Health Information (PHI) should be provided to Options Family & Behavior Services via SMS text.

I understand that not all Options Family & Behavior Services staff members have the capability to communicate reminders, confirmation, arrival, rescheduling or cancellation of appointments.

I understand that if I want to discontinue receiving texts, I can contact my primary staff contact at Options Family & Behavior Services. I will then sign the consent to rescind my permission for texts.

By signing below, I indicate I am the person legally responsible for all use of mobile accounts, that I am at least 18 years of age, and that I agree to all terms and conditions of use for the SMS text messaging services.

- No thanks, I choose not to use SMS text messages for reminder, confirmation, arrival, rescheduling, or cancellation of appointments.

Phone number: \_\_\_\_\_ Name of person associated with phone \_\_\_\_\_

- Yes, sign me up for SMS text messages for reminder, confirmation, arrival, rescheduling, or cancellation of appointments.

If yes, phone number(s) approved to send SMS texts to:

Phone number: \_\_\_\_\_ Name of person associated with phone \_\_\_\_\_

Phone number: \_\_\_\_\_ Name of person associated with phone \_\_\_\_\_

Phone number: \_\_\_\_\_ Name of person associated with phone \_\_\_\_\_

Client Name: \_\_\_\_\_

Parent/Guardian (if applicable) \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_