

Consent to Receive Text Messages and E-mails

I _____ consent to receive text messages or emails from ACHIEVE Psychiatric Wellness Center LLC (my "Provider") and agents on my cell phone or other devices. I understand that text messages and emails sent by Provider may include appointment reminders or changes in previously scheduled appointments, or may provide advice or education.

The cell phone number that I authorize Provider to send text messages to is:
(_____) _____ - _____

The email address that I authorize Provider to send emails to is:

Provider does not charge for this service, but I understand that standard text messaging rates may apply as provided in my wireless plan. I have been advised that I may contact my carrier for pricing plans and details.

I understand that I may revoke my request for further communications via text or email at any time by notifying my Provider in writing. However, if I continue to communicate with my Provider via text or email, my Provider can assume that my consent remains valid.

Because e-mails sent over the Internet or texts sent over the control channel without encryption are not secure, I understand the risks associated with e-mail and text messaging, including, without limitation, that e-mails and text messages could be intercepted by unknown third parties; e-mail content can be changed without the knowledge of the sender or receiver; backup copies of e-mail may still exist even after the sender and receiver have deleted the messages; and e-mail can contain harmful viruses and other programs.

My Provider has recommended that I delete all text messages or emails as soon as possible after reviewing them to limit any unauthorized exposure.

Patient Signature: _____
Print Name: _____
Date: _____