



Renewed Minds
educate. empower. enhance.

Client Consent Form

Attention Client:

This form is to confirm that I give consent to receiving text messaging and/or voice mail appointment reminders. These messages serve as appointment reminders and confirmations. This information will be kept confidential and will not be shared with any other third parties. By signing this form:

- 1) I give consent to receive text messaging ____ (initial)
- 2) I agree to receive voice mail reminders ____ (initial)
- 3) I understand that it is my responsibility to keep my mobile number up-to-date with the practice ____ (initial)
- 4) I understand that I can cancel this service at any time ____ (initial)
- 5) I understand that the responsibility for attending appointments or cancelling them still rests with me ____ (initial)
- 6) I understand that information sent via email is not HIPAA compliant and confidentiality cannot be guaranteed. ____ (initial)

Name:
Mobile Number:
Email Address:

I agree to the above _____ Date _____