



**Consent to Phone or Text Usage for Appointment Reminders
and Other Healthcare Communications**

Client Name: _____ Client Account Number: _____

Persons served at Child Focus may be contacted via phone or text messaging to remind you of an appointment, to obtain feedback on your experience with our service providers, and to provide general reminders/information.

_____ I consent to receive phone or text messages from Child Focus at my cell phone and/or any number forwarded or transferred to that number to receive communication as stated above. I understand that this request to receive phone and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

Child Focus does not charge for this service, but standard call and text messaging rates may apply as provided in your wireless carrier plan (contact your carrier for pricing plans and details).

Please choose a preferred contact method below for appointment reminders.

Choose only one:

_____ I prefer to receive phone calls. I understand messages may be left on voicemail. Please use this number for reminder calls: _____

_____ I prefer to receive text messaging. The cell phone number that I authorize to receive text messages for reminder calls is: _____

_____. I prefer not to receive reminder calls.

Client signature

Date