

Client Name: _____ Client Account Number: _____

Child Focus, Inc.

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

Persons served at Child Focus, Inc. 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.

_____ (*Parent/Guardian Initials*) I consent to receive phone or text messages from Child Focus, Inc. 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, Inc. 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:

_____ (*Parent/Guardian or over age 18 Client Initials*) I prefer to receive phone calls. I understand messages may be left on voicemail. Please use this number for reminder calls: _____

_____ (*Parent/ Guardian or over age 18 Client Initials*) I prefer to receive text messaging. The cell phone number that I authorize to receive text messages for reminder calls is: _____

_____ (*Parent/Guardian or over age 18 Client Initials*). I prefer not to receive reminder calls.

Parent Guardian signature
(Client if over age 18)

Date