

Today's Date: _____ Client Name: _____ Date of Birth: _____

CONSENT TO RECEIVE EMAIL/TEXTS

New Horizons may use texting or email as a way to schedule or confirm appointments or to arrange transportation. Please be aware that email and texting should be used for appointment management only. These forms of digital communication should never contain confidential, clinical information or be considered treatment. Texting is not an appropriate way to reach out for help during a crisis or emergency situation. If you are experiencing an emergency please contact 911 or the Crisis Talk Line at (740) 687-8255.

I give my permission for communication by email/texting, understanding the limits of protection using such electronic means. I understand that I may revoke my authorization at any time, except to the extent that action will have been taken prior to the revocation of my consent. Otherwise, this authorization is valid for the duration of my treatment at New Horizons.

Email Address: _____

Cell Phone Number: _____ Cell Phone Provider: _____

Client/Guardian Signature

Date

Witness Signature

Date

REVOCAION OF CONSENT TO RECEIVE EMAIL/TEXTS

I wish to revoke my consent.

Client/Guardian Signature

Date

Witness Signature

Date