

CONSENT TO RECEIVE EMAIL AND TEXTS:

CLIENT NAME _____ DATE OF BIRTH _____

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 740-687-8255.

Client/Guardian Declines Consent for Text or Email (staff initials: _____)

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.

My email address is _____

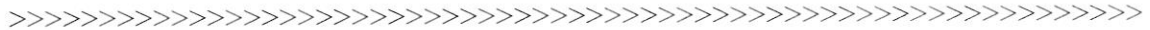
My cell phone number for texts is _____

My cell phone provider is _____

Signature of Client _____ Today's Date _____

Signature of Guardian _____ Today's Date _____

Witness Signature _____ Today's Date _____



REVOCACTION OF CONSENT

I wish to revoke my consent _____ Date _____
(Client Signature)

Witness _____ Date _____
(Signature and title)