 **RETRAC Mental Health Clinic and Community Center**

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

**RETRAC Mental Health Clinic and Community Center (RMHCCC) consumers may be contacted via email and/or text and phone messaging to remind of an upcoming appointment and/or to provide general health reminders/information.**

**If at any time I provide an email address or text/phone number at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email address or text/phone number from RMHCCC.**

**I consent to receive text messages/phone calls from RMHCC at my phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/health information unless I request a change in writing (See revocation section below).**

**The phone number that I authorize to receive text/phone calls for appointment reminders and health information is the following, including area code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**The email address that I authorize to receive email messages for appointment and health information is: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**RMHCCC does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan. Contact your carrier for details.**

**Consumer Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REVOCATION**

**\_\_\_\_\_ I hereby revoke my request to receive any future appointment reminders and health information via text/phone messages.**

**\_\_\_\_\_ I hereby revoke my request to receive any future appointment reminders and health information via email.**

**Consumer Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**