



## ELECTRONIC AND TELECOMMUNICATION AUTHORIZATION

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At Mental Health Solutions, we recognize that technology is ever-evolving and that communications cannot be fully protected from unauthorized interception. Understanding the risks of electronic communication via email or texting, I have indicated my preferences and consent for the following communications methods:

I give my consent to communicate with me by email \_\_\_ yes \_\_\_ no.

Please provide email address: \_\_\_\_\_

I give my consent to send me appointment reminders via text message \_\_\_yes \_\_\_no.

Please provide cell phone number: \_\_\_\_\_

Consent can be revoked in writing at any time.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE