

Email and/or Text Consent

I _____ (patient/client) consent to receive text messages or emails from **Mindful Connections Psychological Service, PLLC** (my “Provider”) and their agents on my cell phone or other devices. I understand that text messages and emails sent by Provider may include appointment reminders or changes in previously scheduled appointments, or may provide advice or education.

The Provider does not charge for this service, but I understand that standard text messaging rates may apply as provided in my wireless plan. I have been advised that I may contact my carrier for pricing plans and details.

I understand that I may revoke my request for further communications via text or email at any time by notifying my Provider in writing. However, if I continue to communicate with my Provider via text or email, my Provider can assume that my consent remains valid.

Because e-mails sent over the Internet or texts sent over the control channel without encryption are not secure, I understand the risks associated with e-mail and text messaging, including, without limitation, that e-mails and text messages could be intercepted by unknown third parties; e-mail content can be changed without the knowledge of the sender or receiver; backup copies of e-mail may still exist even after the sender and receiver have deleted the messages; and e-mail can contain harmful viruses and other programs.

My Provider has recommended that I delete all text messages or emails as soon as possible after reviewing them to limit any unauthorized exposure.

Signatures

By signing below, patients confirm their understanding and acceptance of these Email and/or Text Consent, recognizing the efforts of Mindful Connections Psychological Services, PLLC to provide comprehensive, accessible, and secure telehealth services.

Patient's Signature: _____

Date _____

Provider's Signature: _____

Date _____