



CONSENT FOR CONTACT INFORMATION

Where may we attempt to contact you?

Primary Phone number: _____

Is it ok to text? YES NO (please circle)

Email: _____

Is it ok to email? YES NO (please circle)

Many times, when calling, we will reach an answering machine/voicemail. Are we allowed to leave a detailed message with our name and request for information or information for you?

YES NO (please circle)

If you are a minor, would it be okay to send your parent(s) reminders of appointments?

Parents' phone number: _____

Is it ok to text? YES NO (please circle)

Parent's Email: _____

Is it ok to email? YES NO (please circle)

Client Name: _____ (Please Print Name)

Relationship: _____

Client Signature: _____

Date: _____

Client Signature or Parent(s) or Guardian Signature (for minor child or children or disabled adults)

*Note: Information of a highly sensitive nature will continue to only be given directly to you.

** All clients, parent or guardian please sign this page