
Montes Psychiatric Center, P.C.
Client Consent for Text Usage for Healthcare Communications

Montes Psychiatric Center, P.C. clients may be contacted via text messaging to remind you of an appointment or provide general health reminders*. If at any time you provide a cell phone number at which you may be contacted, you consent to receiving these types of reminders at the phone number provided to the practice.

*Request address updates, request feedback regarding services, and to send billing reminders

_____ (Client Initials) I consent to receive text messages from the practice on any cellphone numbers I provide to the practice. I understand that this consent to receive text messages will remain in effect, unless I request a change in writing (See revocation sections below)

Please Note: Montes Psychiatric Center, P.C. does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Patient Name

Patient DOB

Signature of Patient or Legal Guardian

Date

Revocation ONLY:

_____ I hereby revoke my request to receive any future appointment reminders, feedback, and general health via text messages.

Patient Name

Signature of Patient or Legal Guardian

Date