



Penn Psychiatric Center/Collegeville Psychological Center

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Phoenixville, PA 19460
610-917-2200 / FAX: 610-917-2360

Client Communication Consent Form

Consent to E-mails/Text Messages/Phone Calls for appointment reminders and other healthcare communications:

___ **(Client Initials)** I consent to receive calls, voicemails and/or text messages from the practice at my **cell phone number** and any number forwarded or transferred to that number.

The **cell phone number** that I authorize to receive calls/voicemails/text message for appointment reminders, feedback, and general health reminders/information is:

(_____) _____ - _____

___ **(Client Initials)** I consent to receive calls, voicemails and/or text messages from the practice at my **home phone number** and any number forwarded or transferred to that number.

The **home phone number** that I authorize to receive calls/voicemails for appointment reminders, feedback, and general health reminders/information is:

(_____) _____ - _____

___ **(Client Initials)** I consent to receive e-mails pertaining to the communication, as stated above.

The e-mail that I authorize to receive e-mail message for appointment reminders and general health reminders/feedback/information is:

My signature below indicates that I authorize that I am the person legally responsible for use of all the accounts, that I am of legal age for consent, and that I agree to all terms and conditions of use for the text messaging/electronic communication services. I understand that this authorization can only be revoked in writing.

Printed Name:

Signature

Date

It is important to note that text/email communication is not always secure. Text messages can be intercepted and for this reason, we do not communicate personal health information through this method. Complete terms and conditions can be requested from office staff.