

# MATHERS RECOVERY CLIENT CONSENT FORM FOR TEXT USAGE FOR HEALTHCARE COMMUNICATIONS

Mathers Recovery clients may be contacted via text messaging to remind you of an appointment, 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 related reminders.

\_\_\_\_\_ (*Client initials*) I consent to receive text messages from the practice on any cell phone 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 section below).

**PLEASE NOTE:** Mathers Recovery, 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 (*Print Clearly*) Patient DOB

\_\_\_\_\_  
Signature of Patient or Legal Guardian Date

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**Revocation ONLY:**

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

\_\_\_\_\_ I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email. *NOTE: This revocation only applies to communications from this Practice.*

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian Date



ELGIN: 420 Airport Road, Suite C, Elgin, IL 60123 PHONE: 847.462.6099 FAX: 847.628.6064  
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