**Communication Consent**

You will be asked to sign either accepting or opting out of communication with our office by either email and/or text messages. Each new patient packet will have the consent included with it. You may opt out or in at any time in writing.

**Client Communication Consent Form**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We want to keep in touch with you in a way that’s convenient, timely, and respectful of your preferences. Please indicate your consent to receive communications from our office. Please note that nomobile opt-in data will be shared with third parties:

**✅ Communication Preferences**

Please check the boxes below to indicate your preferences:

☐ **I DO NOT** wish to receive text messages or emails from Community Counseling Center

☐ **Text Messages** (SMS)
I permit to receive appointment reminders, updates, and other non-marketing communications via text message.

☐ **Emails**
I give permission to receive appointment reminders, updates, newsletters, and other non-marketing communications via email.

**🔒 Consent & Privacy**

* Your contact information will be used solely for communication between you and our office.
* We will never share your information with third parties without your consent.
* You can opt out of communications at any time by notifying us in writing or following unsubscribe instructions in emails.

**✍️ Client Authorization**

By signing below, I acknowledge that I have read and understood this consent form. I voluntarily give my permission to be contacted by the methods I selected above.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_