Appointment Reminder Request

Client: ________________________________________________________________

I would like to receive appointment reminders as follows:

___ Voicemail message @ (___) _____-________
___ Text message @ (___) _______ - _______
___ Email message @ ________________________
___ Do not send appointment reminders

** Appointment reminders count as a text message and message and data rates may apply. Please contact your wireless provider for specific information regarding your text messaging usage and charges. **

Please note:
It is your responsibility to keep us updated with your current phone information.
We are not responsible for failed messages– you remain responsible for keeping track of your appointments.

By enrolling in appointment confirmations, you are authorizing Intensive Outpatient Day Treatment Services to send text appointment or voicemail reminders to you on your provided cell phone number. By opting in to our messaging system, you are providing consent to use personal information, such as the agency name, your name and future appointment dates and times. Intensive Outpatient Day Treatment Services is not liable for any delays that may be experienced during the transmission of any messages, as delivery is based on the speed and effectiveness of your wireless provider.

☐ I consent to the above Disclaimer.
☐ I do not consent to the above Disclaimer.

________________________________________________________  _________________________
Signature of Client or Parent/Guardian                         Date

________________________________________________________  _________________________
Print Name of Client or Parent/Guardian                      Relationship to Client