

# O'Connell Case, LCSW, LCC

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Bloomington, IN 47401

Practice Location  
2501 E. Third Street  
Bloomington, IN 47401

## Consent to Receive Text Message, Voice Message, or Email Appointment Reminders

Please check the box next to the type of reminder you would prefer and fill in a preferred phone number or email address:

**Telephone Voice Reminder**

I consent to receive a telephone voice reminder or voicemail reminder from the practice at the number listed below. I understand that this request to receive voice reminders will apply to all future appointment reminders unless I request a change in writing. The phone number that I authorize to receive voice reminders is \_\_\_\_\_.

**Text Message Reminder**

I consent to receive text messages for appointment reminders from the practice at my cell phone and any number forwarded or transferred to that number. I understand that this request to receive text messages will apply to all future appointment reminders unless I request a change in writing. The cell number that I authorize to receive text messages for appointment reminders is \_\_\_\_\_.

**\*\*The practice 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).\*\***

**Email Reminder** I consent to receive email messages for appointment reminders from the practice at the email address listed below and at any email address forwarded from that address. The email that I authorize to receive email appointment reminders is \_\_\_\_\_.

**I prefer not to receive appointment reminders**

I understand that text and email communications will be used only for appointment scheduling and confirmation purposes and that no clinical information should be given or exchanged by text or email. I understand that in the case of an emergency, I should call 911 or go to the nearest emergency room.

Client Name (Print): \_\_\_\_\_

Client/Client Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Client Representative: \_\_\_\_\_

Relationship: \_\_\_\_\_