

Consent for Services

I, the undersigned client or person acting on behalf of the client, hereby voluntarily request outpatient services. I am aware that all information is confidential and will not be shared unless I request this, and sign a specific release for this purpose.

Client Name: _____

Address: _____

Telephone Number: _____

Signature of Client or Representative: _____ Date: _____

Signature of Witness: _____ Date: _____

Email and/or Text Authorization

I, the undersigned client or person acting on behalf of the client, hereby authorize to receive text or email communications that may include appointment reminders, rescheduling appointments or other client led communications. Text communications will not include personal information where an individual's identity would be at risk. Evolve Counseling & Holistic Wellness' business phone is a cell phone and has locked access protection.

I **do** consent to receive text/email/phone communications:

Signature of client or representative _____ Date _____

I **do not** consent to receive text and/or email communications and prefer telephone contact should contact be necessary.

Signature of client or representative _____ Date _____