

Copper Country Mental Health Services

INFORMED CONSENT FOR TEXT MESSAGING/VOICE APPOINTMENT REMINDERS

Consumer Name:	Date of Birth:	Medical Record:
Consumer Address:	City:	State: Zip:
Date Consent Discussed:		
Provider Name: COPPER COUNTRY MENTAL HEALTH		

I, _____ (Consumer/Guardian Name), hereby authorize and consent to receive text message reminders and/or voice reminders from Copper Country Mental Health for my appointments. I am aware that I can opt out of this agreement at any time. If at any time that I wish to opt out of these reminders, I will notify my case holder. I understand that message and data rates may apply. This consent will remain active until services are closed or when consumer/guardian withdraws consent.

Contact information to be utilized:

- Text message reminders → PHONE NUMBER: _____
- Voice reminders → PHONE NUMBER: _____
- Opt out of automated reminders.
- Put me on the do not call list. (No call from office nor automated reminders)

I have reviewed this consent with the individual/guardian and attest that they have voiced comprehension of the purpose, benefits, and possible risks of the procedure consented to, have consented voluntarily, and understand that they can withdraw the consent at any time.

Consumer/Guardian/Parent Signature

Date

Staff/Witness Signature

Date

IF CONSENT IS SECURED VERBALLY: (Must secure signature above as soon as possible.)

This consent was originally provided verbally

by _____ [Consumer Name]

To _____ [Provider Name]

on _____ [Date].

Provider

Signature _____