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**Client HIPAA Acknowledgment and Consent Form
Consent to Email or Text Usage for Appointment Reminders
and Other Healthcare Communications**

ECS clients may be contacted via email and/or text messaging to remind you of an appointment and/or to provide general health reminders/information.

If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from the Practice.

_____ (Client initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is (include area code) _____.

The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is _____.

ECS 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).

Patient Name (Print Clearly) _____

Patient Signature _____ Date _____

Revocation: I hereby revoke my request for future communications via email and/or text.

___ *I hereby revoke my request to receive any future appointment reminders, feedback, and general health via text messages.*

___ *I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email.*

NOTE: This revocation only applies to communications from this Practice.

Patient Name: _____

Patient/Patient Representative Signature: _____

Date: _____ ***Time:*** _____