

## SMS Consent Form

[[Company Name]] offers appointment services, reminders, general business communications, and feedback by text message. If you wish to receive those messages, we require your consent. Please complete this form and provide your consent by checking the box below after carefully reviewing the terms and conditions.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I agree to receive automated text messages at the phone number above in the context of the client/care relationship. I understand that by checking the box:

- I agree to receive text messages.
- I can Reply STOP to opt-out.
- I can Reply HELP for support.
- Message and data rates may apply.
- My consent is not required to purchase goods or services
- Message frequency varies.