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Text Reminder Authorization Form

By signing this form, I authorize Springfield Psychological Center to send text messages to my cell phone. I understand the messages will be sent three days prior to the scheduled appointment date. I will be responsible for any cancellations that need to be made if I cannot make the scheduled appointment date and time. I also understand that by signing this form I will no longer receive a reminder phone call the day prior to the scheduled appointment date. I understand that text messaging rates may apply to any messages received from Springfield Psychological Center. I also understand that I may revoke this permission in writing at any time. I agree not to hold Springfield Psychological Center liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my contact/cell phone number changes that I will inform Springfield Psychological Center or be liable for any fees or charges incurred.

Patient's Name: _____
Please Print

Parent Guardian's Name: _____
Please Print

Cell phone Number: (_____) _____

This authorization form will remain in effect until revoked in writing by me or Springfield Psychological Center.

Signature: _____ Date: _____

Privacy Disclaimer: Text messaging is provided as a service to members. Your information will not be shared or distributed in any way