DR. LETTICA JOHNSON-HIGHSMITH, DNP, APRN, PMHNP-BC, FNP-C
1601 MAIN STREET STE. 211 RICHMOND, TX 77469
OFFICE: 832.847.4836 / FAX: 832.847.4852
WWW.OSANAMHCS.COM

PHONE/EMAIL CONTACT CONSENT & AUTHORIZATION

I, _____, with respect to any services provided or that are planned to be provided to myself or, as an authorized legal representative, for the below listed individual, fully consent to and authorize Osana Mental Healthcare & Counseling Services (Dr. Lettica Johnson-Highsmith, DNP, APRN, PMHNP-BC, FNP-C) or any of its automated systems to contact me via phone (including to my cellular phone by way of phone call or text message) in relation to any services received from Osana Mental Healthcare & Counseling Services (Dr. Lettica Johnson-Highsmith, DNP, APRN, PMHNP-BC, FNP-C) or any services planned to be received from Osana Mental Healthcare & Counseling Services (Dr. Lettica Johnson-Highsmith, DNP, APRN, PMHNP-BC, FNP-C) (including any billing items or appointment reminders).

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU UNDERSTAND THE FORM DESCRIBED ABOVE.

_____ _____
Client Printed Name Date

_____
Client Signature

If Client is a minor, please sign below:

_____ _____
Legal Guardian Printed Name Date

_____
Legal Guardian Signature