

Plano Behavioral Health, PLLC
4011 W Plano Pkwy, Ste 123 Plano, TX 75093

TELEPHONE APPOINTMENT REMINDER CONSENT

I _____ give Pradeep Kumar, MD (Plano Behavioral Health)
Patient Name (Print)

and members of his staff working at the location indicated above my permission to call/text me prior to an appointment to remind me of the appointment date and time. I may text some clinical updates as well.

I would prefer to be called at (check all that apply):

I. Home _____

II. Work _____

III. Cell _____

IV. Email: _____

Yes, this office may leave (check all that apply):

- Voice mail at my Home Voice mail at my Work Voicemail/Text on my Cell
 Messages with people at my Home Messages with people at my Work

Email: _____

I understand that I may withdraw this consent at any time, either verbally or in writing except to the extent that action has been taken on reliance on it. This consent will last while I am being treated for opioid dependence by the physician specified above unless I withdraw my consent during treatment. This consent will expire 365 days after I complete my treatment, unless the physician specified above is otherwise notified by me.

Patient Signature

Date

Parent/Guardian Signature

Parent/Guardian Name (Print)

Date

Phone (972) 849-9507 Fax: (972) 596-8157
