**Acton Psychological Associates, LLC**

**532 Great Road**

**Acton, Massachusetts 01720-3415**

**Office: 978.263.1972**

**Fax: 978.263.1964**

**ELECTRONIC COMMUNICATION CONSENT FORM**

I consent to staff or therapists of Acton Psychological Associates, LLC, contacting me electronically be the email address and/or mobile phone below for receiving appointment reminders, scheduling, general requests and communication of information by phone, text, or email. By consenting to this I also consent to transmission of related case materials including sensitive or protected information **if I request or initiate such transmission or exchange.**

I understand that during the transmission of these messages, the information contained may pass through a public network and onto a personal electronic device or personal email and as such as the transmission may not be secure. However, the practice will not transmit any personal or confidential information about your health, procedures, or account status without your permission or request.

I agree to inform the practice if my email address or cell phone number changes. I understand and acknowledge that I can cancel this consent at any time.

**Email address** (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile phone number** (for text messaging): (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would NOT like to be contacted by email or text messages you may Opt Out of one or both by initialing below. \*If you change your mind at any time, you may call us at 978.263.1972 and we will update your Electronic Communication Consent Form at your next appointment.

**\_\_\_\_\_ I elect to Opt Out of email**

**\_\_\_\_\_ I elect to Opt Out of text messaging**

\*If you choose to Opt Out of electronic communication, what is the best way to contact you?

**Home** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile** (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you give us permission to leave messages at the above contact phone number(s), such as appointment times, pre-treatment estimate amounts, rescheduling, etc.? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**