Neutral Point, LLC
Client Contact Information and Consent for Communication Form

Client Information:

- **Full Name**: _____
- **Date of Birth**: _____
- **Phone Number**: _____
    - **Is this phone number safe to call?** Yes ☐ No ☐
    - **Is this phone number safe to text?** Yes ☐ No ☐
- **Email Address**: _____
    - **Is this email address safe to use for communication?** Yes ☐ No ☐
- **Mailing Address**: _____

_____

Preferred Method of Communication: (Please indicate how you prefer to be contacted for scheduling, reminders, or other matters related to your care.)

- **Phone Call** ☐
- **Text Message** ☐
- **Email** ☐
- **Postal Mail** ☐

Consent for Electronic Communication:

I understand that **Neutral Point, LLC** may need to communicate with me via email, text message, or phone calls. I acknowledge that these methods are not guaranteed to be secure and may be subject to unauthorized access. Despite this, I consent to the use of the following methods for communication:

- **Phone Calls**: Yes ☐ No ☐
- **Text Messages**: Yes ☐ No ☐

- **Emails**: Yes ☐ No ☐

I understand that I may revoke this consent at any time by notifying **Neutral Point, LLC** in writing.

Emergency Contact:

- **Name**: _____
- **Relationship**: _____
- **Phone Number**: _____

Authorization:

I authorize **Neutral Point, LLC** to use the communication methods I have selected above. I understand that these methods are not entirely secure, and I accept the risks associated with electronic communications, including the potential for unauthorized access.

Client Signature: _____

Date: _____