



APPOINTMENT REMINDER AGREEMENT

Please Print Clearly

Client's First Name _____ Last Name _____ MI _____

Telephone (Cell) _____ (Home) _____ (Work) _____

Email address: _____

Please select one of the following agreements:

- I agree to have Hope for Tomorrow Mental Health Services send appointment reminder texts to my cell phone number provided. I understand that any messaging fees that apply will be my sole responsibility. I further understand that my cell phone number will not be distributed to third parties or used for advertising purposes and any use other than for appointment reminders will require separate permission.
- I do not agree to have appointment reminders sent to me via text message. Please call the number provided with appointment reminders or send to the email address provided.
- I do not agree to have appointment reminders sent to me via text message or email. Please only call the number provided with appointment reminders.

_____ I am initialing here to indicate that I have been made aware that the reminders are a courtesy and it is still my responsibility to cancel appointments 24hours or more prior to the scheduled appointment.

Signature of Client/Guardian X _____

Date _____

Witness Signature X _____

Date _____