

Ashland Integrative Care P.C.  
1607 Siskiyou Blvd  
Ashland, Oregon 97520  
[www.AshlandIntegrativeCare.com](http://www.AshlandIntegrativeCare.com)

CONSENT FORM FOR EMAIL and/or TEXT MESSAGING

I give permission and consent to send and receive email and/or text messages from Ashland Integrative Care or others acting on Ashland Integrative Cares behalf. As part of this consent, I represent and warrant the following:

(1) Ashland Integrative Care or others acting on their behalf may send email and/or text messages in various formats and with various contents, including but not limited to, text messages about appointment reminders.

(2) I am the owner or authorized user of the mobile phone number identified below. I will notify you immediately if I am no longer the owner or authorized user of the mobile phone number identified below.

(3) I am solely responsible for any message and data charges associated with such email and/or text messages.

\* If you do not wish to receive email and/or text messages from Ashland Integrative Care or others acting on their behalf, you should not sign this form.

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Mobile Phone Number

\_\_\_\_\_ Date of Birth