

Ashland Integrative Care P.C.
1607 Siskiyou Blvd
Ashland, Oregon 97520
www.AshlandIntegrativeCare.com

CONSENT FORM FOR TEXT MESSAGING

I give permission and consent to send and receive 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 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 text messages.

* If you do not wish to receive 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