



Bay
Mental Health LLC

Bay Mental Health LLC
10351 Dawsons Creek Blvd Ste D
Fort Wayne, IN 46825
260.489.8646 Office
260.387.7357 Fax
baymentalhealthllc@outlook.com

Text Messaging Consent Form

We value your privacy and want to ensure that you receive communication from Bay Mental Health LLC in the way that suits you best. Text messaging can pose confidentiality risks due to the potential for messages to be intercepted or accessed by unauthorized parties, especially if sent over unsecured networks. Additionally, the storage of text messages on devices or servers may not always be secure, leading to potential data breaches or leaks. Since we cannot guarantee your confidentiality when communicating via text messaging, we are now requiring that you opt-in or opt-out of text messaging. Please take a moment to indicate your preference regarding text message communication by completing the following form.

Patient Information:

Full Name: _____

Date of Birth: _____

Contact Number: _____

Communication Preference:

Please select your preference for receiving text message communication from Bay Mental Health LLC:

Opt-In: I would like to receive text messages from Bay Mental Health LLC. This form of communication should **ONLY** be used for appointment reminders, important updates, and other scheduling information. **Mental health guidance and/or advice will not, under any circumstances, be provided via text messaging. If you experience a mental health emergency, you should call 911 or seek emergency medical assistance.**



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Opt-Out: I do not want to receive text messages from Bay Mental Health LLC. I prefer communication through other means.

Consent and Authorization:

I understand that by opting in, I consent to receive text messages from Bay Mental Health LLC at the provided contact number. I acknowledge that standard messaging rates may apply, and I can opt-out at any time by notifying the practice.

Instructions for Opt-Out:

If you wish to opt-out of text message communication at any time, please contact our office at 260-489-8646 or email us at info@baymentalhealth.com.

Thank you for helping us tailor our communication to your preferences.

Client Signature _____ Date _____