



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

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## SMS/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. Sms/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 sms/text messaging, we are now requiring that you opt-in or opt-out of this form of communication. Please take a moment to indicate your preference regarding sms/text message communication by completing the following form.

### Patient Information:

Full Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Communication Preference:

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

\_\_\_\_\_ **Opt-In:** I would like to receive sms/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**



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**not, under any circumstances, be provided via sms/text messaging. If you experience a mental health emergency, you should call 911 or seek emergency medical assistance.**

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

### **Client Information Disclosure**

At Bay Mental Health LLC, your privacy and confidentiality are of utmost importance to us. We are committed to protecting the confidentiality of your personal information and want to inform you about how we handle your data.

We may collect personal information such as your name, phone number, email address, mailing address, and other identifying information during the course of our services. This information is collected solely for the purpose of providing you with mental health services and facilitating communication between you and our practice.

We want to be transparent about how we handle your information. We will not sell or share your personal information, including your name, phone number, email address, mailing address, or any other identifying information, with any third-party companies for marketing purposes. Your information is kept confidential and is only shared within our practice on a need-to-know basis for the purpose of providing you with quality mental health care.

If you have any questions or concerns about how your information is handled, please do not hesitate to contact us. Your trust is important to us, and we are dedicated to maintaining the confidentiality and security of your personal information.

### **Consent and Authorization:**

I understand that by opting in, I consent to receive sms/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.



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**Instructions for Opt-Out:**

If you wish to opt-out of sms/text message communication at any time, please contact our office at 260-489-8646 or email us at [info@baymentalhealth.com](mailto:info@baymentalhealth.com).

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

Client Signature \_\_\_\_\_ Date \_\_\_\_\_