



Willow Tree Center

Flexible • Balanced • Strong

Patient Authorization for Email, Mobile, and Texting Communications

By signing below, I agree to receive automatic and/or pre-recorded voice, text or email messages from Willow Tree Center or any of its affiliates or agents at the telephone number(s) and/or email address provided during the patient registration process. I understand that such messages may include, without limitation, reminders about upcoming appointments, re-scheduling missed appointments, and billing or payment information. I understand that my consent to receive automatic and/or pre-recorded messages is not a condition of my obtaining services from Willow Tree Center. I understand that Willow Tree Center will only communicate with me via email or text message under certain limited circumstances for limited administrative purposes and will not include clinical information in any such communication. I understand and acknowledge that communications over the Internet or via email or text message are not always encrypted and are inherently insecure and that there is no assurance of confidentiality of information communicated through these means. I understand that I may change the telephone number(s) and/or email address that I have provided to Willow Tree Center at any time by contacting Willow Tree Center directly or through the patient portal.

Signature of Patient or Authorized Representative: _____