

Gurganus Psychological Services, LLC
Sara Gurganus, PsyD, LP

Authorization to Send Text Messages

By signing this form, I authorize Gurganus Psychological Services, LLC (GPS) and Sara Gurganus, PsyD, LP to send text messages to my mobile phone number to convey appointment confirmations and other important non-therapy related information.

I understand that text / email messages for the appointment reminder are not encrypted and may not be confidential. I also understand that Gurganus Psychological Services, LLC cannot assure the privacy of a text message for these Appointment Reminders.

I understand that standard text messaging rates will apply to any messages received from GPS. I agree to not hold GPS liable for any electronic messaging charges or fees generated by this service.

I agree that in the event my mobile number or mobile provider changes, I will inform Dr. Gurganus.

I understand that I or GPS may revoke this permission in writing at any time.

Mobile #: _____

Initial _____ This permission will remain in effect for the duration of my treatment with Dr. Gurganus, PsyD, LP at GPS or until revoked in writing by me or Dr. Gurganus.

Acceptance Responsible Party Signature

Date

____ I decline and do not want to receive text messages at this time.

Declining Responsible Party Signature

Date

Privacy disclaimer: Text messaging is provided as a service to clients to provide important clinic information in a timely manner. Your information cannot and will not be sold, distributed, or in any other way shared with entities outside of GPS.