

Consent to Receive Emails & Text Messages

By providing your email address and telephone number to Mindpath Health you are agreeing to be contacted by or on behalf of Mindpath Health and one or more of our business partners identified below (collectively “Mindpath Health”) at the email address and the telephone number provided, including emails to your email address and text (SMS) messages to your cell phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice, and prerecorded messages, to provide you with marketing and promotional materials relating to Mindpath Health’s products and services.

You acknowledge this means Mindpath Health may transmit your protected health information, such as information about your appointments and other individually identifiable information about your treatment, via email or text (SMS) message. You further acknowledge that there are risks inherent in the electronic transmission of information by email or text (SMS) message, and that such correspondence may be lost, delayed, intercepted, corrupted, altered, rendered incomplete or undelivered and that such information transmitted by email or text (SMS) message may be unencrypted.

You may opt-out of receiving text (SMS) messages from Mindpath Health or its subsidiaries at any time by replying with the word STOP from the mobile device receiving the messages. You need not provide this consent in order to purchase any products or services from Mindpath Health. However, you acknowledge that opting out of receiving text (SMS) messages may impact your experience with the service(s) that rely on communications via text (SMS) messaging.

Business partners:

Community Psychiatry Management,
LLC
Mark David Levine, M.D., Professional
Corporation
Mark David Levine, M.D. Psychiatrists,
Professional Corporation
MindPath Health Care Centers, North
Carolina, PLLC
Changes Counseling Center, LLC

Linda Berlin, Psy.D. & Psychological
Associates, P.A.
Acacia Psychological Corporation
Center for Adult Psychiatry, LLC
Metropolitan Neuro Behavioral Institute,
PLLC
Mindpath Health Ohio, LLC
Mindpath Health Arizona, LLC
MindPath Care Centers, South Carolina,
LLC



I hereby consent to be contacted as set forth above.

Patient Signature

Date

Print Name

Patient Date of Birth

Email Address

Mobile Phone

If you are signing this consent as a parent, guardian, or other legal representative of the patient, please indicate your authority to act on behalf of the patient and sign below.

- Parent Conservator Power of Attorney for Health Care
 Guardian Health Care Surrogate Executor / Administrator

Signature

Date

Name

Email Address

Mobile Phone

