

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 services. 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 receive 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
MindPath Care Centers, North Carolina, PLLC
MindPath Care Centers, South Carolina, LLC
Changes Counseling Center, LLC
Acacia Psychological Corporation

Mindpath Health Florida, PLLC
Mindpath Health Arizona, LLC
Metropolitan Neuro Behavioral Institute,
PLLC
Mindpath Health Ohio, LLC
Mindpath Health Georgia, LLC
MindPath Care Centers Virginia, LLC

I hereby consent to be contacted as set forth in this **Consent to Receive Emails and Text Messages**.

Patient Signature

Date

Print Name

Patient Date of Birth

Email Address

Mobile Phone





If you are signing this **Consent to Receive Emails and Text Messages** 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

