

Psychiatric Services of Prescott, P.L.L.C

Electronic Communication Consent

I _____ agree that Psychiatric Services of Prescott to communicate with me electronically via email address and mobile number. I am aware that there are some level of risk that third parties might be able to read unencrypted emails, I am aware that standard text message rates charges from my cell phone provider may apply.

I understand that text messages will only be available for reminders of appointments and are not monitored outside of business hours. I understand that email communication is not monitored outside of business hours.

Phone Number: _____

Email: _____

I can withdraw my consent, to email/text communication, anytime by calling 928-776-7400.

Signature: _____

Date: _____