

Laurie Muhlbauer, PMHNP, LLC
Communication Authorization

Laurie Muhlbauer, PMHNP-BC's patients may be contacted via email, phone, and/or text messaging for appointment reminders and to provide general health reminders and information.

If at any time I provide an email or text address at which I may be contacted by the practice of Laurie Muhlbauer, PMHNP, LLC, I consent to receiving appointment reminders and other healthcare communication and information at that email or text address.

_____ (Patient Initials) I consent to receive text messages from the practice of Laurie Muhlbauer, PMHNP, LLC at my cell phone and any number forwarded or transferred to that number and emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders, feedback, and health information unless I request a change in writing.

- The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders and information is: _____ (include area code).
- The email that I authorize to receive text messages for appointment reminders, feedback, and general health reminders and information is: _____.

Laurie Muhlbauer, PMHNP-BC does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

This form will be securely stored in your clinical file and may be updated upon your request.

Patient Signature: _____ Date: _____

Patient Printed Name: _____ Date of Birth: _____

Parent's/Guardian's Signature (if applicable): _____

Parent's/Guardian's Printed Name (if applicable): _____ Relationship to patient: _____