

TCPA Consent

You hereby expressly consent to be contacted by Mindwaves Mental Health (“The Practice”) for any and all purposes relating to your appointment(s) and treatment with the Practice, including without limitations reminders of your appointment(s) and prescription renewals. As part of this consent, you consent to be contacted by the Practice at any telephone number, or physical or electronic address that you provide.

You agree that the Practice may contact you in any way, including without limitation: text messages, calls using prerecorded messages or artificial voice, and calls and messages delivered using auto telephone dialing system or an automatic texting system. Automated messages may be played when the telephone is answered whether by you or someone else. In the event that an agent or representative calls, you agree that he or she may leave a message on your answering machine or voice mail, or send one via text message. You acknowledge and accept that your cellular or mobile telephone provider will charge you according to the type of plan you carry, and that the Practice shall not be responsible for such charges.

You also agree that The Practice may contact you by email, using any email address you have provided to us or that you provide to us in the future.

You represent, warrant, and covenant (that is, you promise) that:

- i. The contact information that you have provided to the Practice (such as telephone numbers, street addresses, and email addresses) is your contact information and not someone else’s.
- ii. You are permitted to receive calls and texts at each of the telephone numbers you have provided to us, and you are permitted to receive emails at each of the email addresses you have provided to the Practice; and
- iii. You will promptly alert the Practice whenever you stop using or change your telephone number, street address, or email address.

Date

Signature of patient (or if patient is under 18 years old, parent/guardian)

If signature of parent/guardian, please describe the relationship to patient