

**Dr. Jacquelyn M. Harlan, LMFT**  
**License #: 89995**  
**9550 Warner Ave., Ste. 250**  
**Fountain Valley, CA 92708**  
**(714) 403-4166**

**TEXT/EMAIL AUTHORIZATION**

I, \_\_\_\_\_, authorize Dr. Jacquelyn Harlan, LMFT, or an agent of  
*(Patient's Name)*  
her choosing, to send me text messages and/or emails. I understand I am solely responsible for any fees that may be charged by my cell phone provider as a result of any text messages sent to/from Dr. Jacquelyn Harlan, LMFT.

I authorize Dr. Jacquelyn Harlan, LMFT to send me text and/or email appointment reminders. However, Dr. Jacquelyn Harlan, LMFT is not obligated to do so and it is my responsibility to be at all pre-set appointments regardless if I receive a text reminder from Dr. Jacquelyn Harlan, LMFT or not.

I am aware that any contact email addresses or cell phone numbers provided by Dr. Jacquelyn M. Harlan, LMFT are not for emergencies. If I am having a medical or psychiatric emergency I will call 911 or go to my nearest emergency room.

I am aware that Dr. Jacquelyn M. Harlan does not conduct psychotherapy via text. If I am experiencing an issue that I need help with, I will contact Dr. Jacquelyn M. Harlan, LMFT to make an appointment for therapy at the soonest available time.

My preferred email address is: \_\_\_\_\_

My preferred text message number is: \_\_\_\_\_

\_\_\_\_\_  
*(Patient's Signature)*

\_\_\_\_\_  
*(Date)*