

Dr. Jacquelyn M. Harlan, LMFT
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TEXT/EMAIL AUTHORIZATION

I, _____, authorize Dr. Jacquelyn Harlan, LMFT, or
(Patient's Name)
an agent of 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 also 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.

My preferred email address is: _____

My preferred text message number is: _____

(Patient's Signature)

(Date)