

**Consent to Receive Emails & Phone Text messages from TAMU Psychology Clinic via Mend Portal
 Adult Client or Parent/Guardian Consent**

_____ (print name of Adult Client or Parent's/Guardian of Child Client)

_____ (date of birth)

By providing your mobile phone number and email address to the TAMU Psychology Clinic ("Clinic"), you are agreeing to be contacted by or on behalf of the Clinic and its business partner, Mend VIP, Inc. (Mend Portal), identified below, including emails to your email address and text (SMS) messages to your mobile phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice and prerecorded messages, for the purpose of providing tele-appointment services offered by the Clinic and its business partners.

Providing an email address is necessary to receive tele-appointment services from the Clinic.

You may opt-out of receiving *text (SMS) messages* from the Clinic or its business partners at any time by replying with the word STOP from the mobile device receiving the messages. You do not need to provide this consent for *text (SMS) messages* to receive any services from the Clinic. However, you acknowledge that opting-out of receiving *text (SMS) messages* may impact your experience with the service(s) that rely on communications via text (SMS) messaging. I can withdraw my consent for receiving *text (SMS) messages* from the Clinic at any time by speaking or writing to my therapist.

Mend, VIP, Inc. (MendFamily.com, MendVIP.com)



YES email notifications only

YES email and mobile phone text message notifications

Minor Children Clients Only: I give my consent to use email and/or text message notification regarding tele-appointment services for my child.

_____ (print Minor Child's name)

_____ (date of birth)

_____ Print Client or Parent/Guardian Name
 to Represent Signature

_____ Date

_____ Therapist/Evaluator's Signature

_____ Date

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_____ Faculty Supervisor's Signature

_____ Date

Mailing Address
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