



PATIENT EMAIL AND TEXT MESSAGING REGISTRATION FORM

Agape Youth Behavioral Health now has the ability to provide our patients with certain types of information via email and/or text messaging. Appointment confirmations can be sent by both email and text. We also can give access to our patient portal through your email. If you wish to have the opportunity to receive this information, please complete the form below.

Agape Youth Behavioral Health believes strongly in protecting the privacy of our patients. When you provide this information, it is only used as a way to communicate with you. Patient names will be listed in appointment reminders.

Please print all information neatly and legibly.

Patient Name _____

Email Address _____

- ☐ Yes, please sign me up to receive email appointment confirmations
- ☐ No, I do not wish to receive email appointment confirmations
- ☐ Yes, please give me access to the patient portal through my email (You will receive an email to allow sign up)
- ☐ No, I do not want patient portal access

Cell Phone Number _____

- ☐ Yes, please sign me up to receive text messaging appointment confirmations
- ☐ No, I do not wish to receive text messaging appointment confirmations

I hereby give Agape Youth Behavioral Health permission to send messages to me via email and/or text messaging as means of communication as indicated by my selectin above.

Signature _____

Printed Name of Parent/Guardian _____

Date _____