

PATHWAYS OF OHIO COUNSELING SERVICES, LLC

AGREEMENT FOR CONTACT

| Client Name | Client DOB | Date of Agreement |
|-------------|------------|-------------------|
| | | |

In signing this document, I agree to allow a representative or agent of Pathways of Ohio Counseling Services, LLC to contact me for the purposes of:

- ✓ Remind of me of scheduled appointments
- ✓ Set, cancel or reschedule an appointment
- ✓ Return my message to set, cancel or reschedule an appointment

I understand the benefits and potential hazards of the method of communication of my choice in communicating with Pathways of Ohio Counseling Services, LLC.

I understand this service is offered as a courtesy and I am responsible for keeping my scheduled appointments.

My preferred method of communication is checked below:

| | | |
|--------------------------|----------------------|----------------------|
| <input type="checkbox"/> | Phone call | To telephone number: |
| <input type="checkbox"/> | SMS/Text Message | To telephone number: |
| <input type="checkbox"/> | Email | To Email address: |
| <input type="checkbox"/> | Any of these options | |
| <input type="checkbox"/> | Other | |

Client or Guardian Signature and Date

Staff Witness Signature and Date