

LFS Mission: *Lutheran Family Services expresses God’s love for all people by providing quality human care services that build and strengthen individual, family and community life*

Client Consent for Communication

Client Name

Initials

Date of Birth

EHR/Client Number

Acknowledgement of Contact Information: I hereby agree to inform LFS of any changes to my contact information. I hereby agree to receive reminder and other calls from LFS staff and/or automated appointment reminder system.

Text and email are only options for automated reminder calls. All other contact will be by phone.

Preferred: Phone Text Email: _____

Secondary: Phone Text Email: _____

Additional: Phone Text Email: _____

ClientTell is the Automatic Messaging System utilized by LFS. You will receive messages for any and all appointments, including group sessions, if you elect to allow ClientTell to contact you.

- OK to call and to leave a message – It is okay for LFS staff and ClientTell to call and leave a message.
- OK to call but **DO NOT** leave a message – It is okay for LFS staff to call but they **CAN NOT** leave a message with anyone. ClientTell will **NOT** call this number.
- DO NOT CALL** – LFS staff and ClientTell **CAN NOT** call this number (To be used when client wants to revoke, in writing, their consent to use a number for contact).
- OK for LFS to call – It is okay for LFS staff to call and leave a message. ClientTell **CAN NOT** call this number.

The undersigned certifies that he or she has read and understands the above mentioned and is the client, client’s guardian, power of attorney, parent, or is duly authorized by or on behalf of the client to execute the above and accept its terms.

Signature of Client or Guardian

Relationship to Client

Date

Signature of LFS Staff

Title

Date

Signature of Interpreter

Title

Date

