

Harmony United Psychiatric Care

Consent to Receive Marketing Information from Harmony United Psychiatric Care

I consent to receive unsolicited informational and/or marketing materials from Harmony United Psychiatric Care which may include, but not be limited to, information about products, services, general medical information and announcements.

I consent to receive this information via email, text messages to cell phone/home phone and direct mail.

I understand I may **opt-out** of this Consent at any time by notifying Harmony United Psychiatric Care.

Signature of Client/ Patient or
Parent/ Legal Representative

Date

Print Name

Harmony United Psychiatric Care

Decline to Receive Marketing Information from Harmony United Psychiatric Care

I decline to receive unsolicited informational and/or marketing materials from Harmony United Psychiatric Care which may include, but not be limited to, information about products, services, general medical information, and announcements.

I have decided to Opt-Out of receiving unsolicited informational and/or marketing materials.

Signature of Client/ Patient or
Parent/ Legal Representative

Date

Print Name