HORIZON CMHC

Text Messaging Consent and Authorization Form

I, _____, authorize Horizon Community Mental Health Center (Horizon CMHC) ("the Center") to send text messages to my personal mobile phone number for purposes related to my participation in services at the Center.

I understand and agree that:

- Text messages may be sent using secure systems in accordance with applicable privacy regulations.
- These messages may include general updates, reminders, and other non-urgent communications.
- Protected health information will not be included in any message unless I provide specific written consent.
- Standard message and data rates may apply based on my mobile service plan.
- I may revoke this consent at any time by notifying the Center in writing.
- Once delivered, the security and confidentiality of text messages on my personal device are my responsibility.

I release and hold harmless Horizon CMHC, its employees, agents, and representatives from any liability arising from the transmission of authorized text messages under this agreement.

This form represents the full agreement between me and Horizon CMHC regarding the use of text messaging and is governed by the laws of the State of California.

By signing below, I confirm that I am over 18 years old and that I have read and understand this consent form.

Participant	Date
Witness (if unable to sign)	Date
Relationship	Date
HORIZON CMHC Representative	Date