

Weber Behavioral Health

942 N 13th Geneva, NE 68361 (402) 759-3802 Fax (402) 759-3803
PO Box 353, 1100 N Lincoln Ave, Suite F York NE 68467 Phone/Fax (402) 759-3802
1811 West 2nd Street, Grand Island, NE 66803 Phone (402) 759-3802 Fax- (402) 759-3803

Authorization Regarding Communication Methods

Client Name: _____ DOB: _____

A wide variety of means for communication exists and continues to broaden and develop. By signing this authorization, you agree that this office, and any third party used for treatment, billing, collection and other services, may use any means of communication with you. Thus, you understand and agree that any phone numbers and email addresses provided by you to our office and to any of our service providers, now and in the future, may be used as a means to contact you, and that we and our service providers may leave messages for you manually and by using automated systems such as by artificial or prerecorded voice.

Specifically, if you provide a cellular phone number or place a cellular phone call to us or any of our service providers, you consent and agree to accept collection calls and other communications to your cellular phone from us and from any of our service providers. For any landline and cellular phone calls we, or any of our service providers place to you, you consent and agree that those calls may be automatically dialed and that we and our service providers may use recorded messages. You also agree that this office and any of our service providers may contact you by sending text messages and emails to any phone number or email address you provide to us and to our service providers, and you consent to receiving such text messages and emails which may identify the name of our office or our service provider sending the communication, and which may disclose the nature of the communication.

Our office does not require you to sign this authorization as a condition of receiving treatment or purchasing any good or service. I certify that I have read and understand the above information.

Client or guardian signature relationship to client Date

Witness/Provider Date