



**Midwest Behavioral Care, Ltd.**

Administrative Office 3821 Little York Road, Dayton, OH 45414 (937) 454-0092

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**MBC Information Concerning and Acknowledgment of Informed  
Consent to Communicate Via Email or Text**

Email or Text: Your Clinical File will include either an annotation of or a copy of all email or text communications sent to or received by the Provider in connection with your therapy. There are limitations and risks in connection with the use of email or text communications, including but not limited to privacy, confidentiality, and related limitations and risks.

Consent: By my signature below:

- a. I hereby give my informed consent to communicate with my MBC Provider, via email or text;
- b. I understand that I have the right to refuse or withdraw the informed consent given above. I have the right to revoke this Informed Consent Form, in writing, at any time, by sending such written notification to the above office address. I understand that my revocation will not be effective to the extent that action has already been taken in reliance on the Informed Consent;
- c. I acknowledge that I have read and understood all information contained herein and that I have been given an opportunity to ask questions concerning this document;
- d. I acknowledge that I have been given a signed copy of this document.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Party (if client is a minor) \_\_\_\_\_

Client Information:

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_