**COMMUNICATION DISCLOSURE AND CONSENT**

Lutheran Counseling and Family Services of Wisconsin (LCFS) requires a Guarantor to be connected to each medical service account. The Guarantor may or may not be the client receiving services but is the person who is financially responsible for payment of any charges/balances for the services received.

Lutheran Counseling and Family Services of Wisconsin communicates with its clients in various ways, using information the Guarantor provides, including email, land line phone, cellular phone, text messaging, fax and U.S. Mail.

By providing your **cell number** during the initial process, you

1. Consent and agree to receive text messages, telephone calls and other communications including, its affiliates and collection agency. These calls may be in respect to services received at LCFS and your financial obligations related to those services. I, client, understand this consent applies to all current and future services.
2. Understand you may be charged for text messages, calls or other communication by your wireless carrier.
3. I understand it is my responsibility to inform LCFS if I, client, choose to withdraw this permission. I can withdraw this consent at any time by contacting LCFS.

I have read, understand and agree to the above.

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Client Name (PRINT)

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Client Signature Date