Spiral Staircase Counseling PLLC
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SMS/Text Messaging Consent Agreement

By providing your mobile phone number below, you consent to receive text messages (SMS) from Spiral Staircase Counseling PLLC about your appointments.

- **Scope of Messages:** Text messages are limited to appointment confirmations, reminders, and cancellations. No marketing messages are sent.
- **No Clinical Content:** We do not use text messaging to discuss therapeutic content, clinical treatment, or urgent mental health crises. If you are in crisis, call or text 988. If you are experiencing an emergency, call 911 or go to the nearest emergency room.
- **Frequency & Cost:** Message frequency varies depending on your appointment schedule. Standard message and data rates from your mobile carrier may apply.
- **Confidentiality & Privacy:** While we use secure software, standard text messaging is not a fully encrypted medium. Messages carry only appointment logistics, never details of your care. We will never share or sell your mobile number or text-message consent to third parties or affiliates for marketing or promotional purposes.
- **Opt-Out Rights:** Opting in is completely voluntary and does not affect your ability to receive counseling services. You can cancel or revoke this consent at any time by replying STOP to any text message received from us. Reply HELP for help.

Consent

I agree to receive appointment confirmation, reminder, and cancellation text messages from Spiral Staircase Counseling PLLC at the mobile number I provided. Message frequency varies. Message and data rates may apply. Reply STOP to opt out at any time or HELP for help. Consent is not a condition of receiving services. See the Privacy Policy and Terms & Conditions on the Spiral Staircase Counseling website.

Privacy Policy: https://spiralstaircasecounseling.com/privacy/
Terms & Conditions: https://spiralstaircasecounseling.com/terms/

☐ **Yes, I agree to receive appointment text messages as described above.**

Client Name (print): _____

Client Mobile Number: _____

Client Signature: _____ Date: _____

Parent/Guardian Name (print, if client is under 18): _____

Parent/Guardian Signature: _____ Date: _____