## **CLIENT CONSENT - APPENDUM**

ADDITIONAL CONSENTS/ACKNOWLEDGEMENT
Bayshore  Client Name*
Circit Name
Date Of Birth*
mm/dd/yyyy
Consent to allow the taking of pictures
Consent to communicate with Bayshore via email or text
I consent to using email or text messaging as a convenient method of communicating with Bayshore. I understand that email and text messages are not secure methods of communication and as such, should be limited to business-oriented information and not personal or personal health information. I acknowledge that limiting identifiable information in these communications will help protect my personal information. (i.e. use of initials vs. full names) I accept the risk and potential consequences and request allowing this form of communication during my service.
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