



**Lynne Angela Santiago, PhD, LMHC**  
*Licensed Psychotherapy & Consulting Services*

*Promoting Connection, Healing & Personal Growth*

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**Consent to receive appointment reminders:**

*Please initial each option you would like to receive appointment reminders:*

\_\_\_\_\_ Telephone message reminder ph#: \_\_\_\_\_

\_\_\_\_\_ Text message reminder ph #: \_\_\_\_\_

\_\_\_\_\_ Email reminder - email address: \_\_\_\_\_

**Billing – Credit Card Processing**

In order to expedite paying for your sessions, Lynne A. Santiago, PhD, LMHC can maintain your credit card information in a HIPAA compliant Practice Management System (Therapy Notes - [www.therapynotes.com](http://www.therapynotes.com)).

With a simple press of a button, your session can be paid for without the need to swipe your card during each session.

This is an optional feature and requires your consent.

Initial \_\_\_\_\_ YES, I give consent to have my credit card information stored in Therapy Notes practice management system. *Please provide your credit card information during your next session.*

Initial \_\_\_\_\_ NO, I decline this option.

**Online Scheduling**

You can access an online calendar to schedule appointment, cancel and/or change appointment days. In order to use this feature, you will need to login to the calendar.

For registration, login and setting your password, you may either let me know and I can set it up for you during your next session OR, you may set it up yourself by going to: <https://www.therapyportal.com/p/lynnesantiago/>

You may also access this portal on my website ( [www.lynnesantiagolmhc.com](http://www.lynnesantiagolmhc.com) ) under “Client Portal” link.

\_\_\_\_\_ Yes, I would like to have access to online calendar in order to schedule and/or cancel appointments

**Please read and sign.** I have chosen my options and give consent to use the features described above:

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Print Name

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Sign and Date