

Dear Valued Partner,

We are pleased to offer texting and emailing to connect with you regarding new referrals and critical incident responses. If you would like to be contacted via text or email, please provide your information below. We will not provide private health information or personal identifying information via text. If you are not interested, simply reply to this email indicating you prefer phone contacts.

Please send the following information to ESI if you would like to receive:

- New client referrals via text or email
- Critical incident/Trauma Response requests via text or email

Your Name: Click or tap here to enter text.

Referral Preference (check all that apply): Text Email

Mobile Phone (for texting): Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Additional Instructions/comments: Click or tap here to enter text.

Please see our [SMS-MMS Terms and Conditions here](#).

Please return by:

Email: providers@theeap.com

Fax: 585.593.9058

Mail: ESI EAP, 55 Chamberlain St., Wellsville NY 14895

Any questions or concerns please call: 800-821-5040

Thank you,