

PATIENT COMMUNICATION CONSENT FORM

TEXT/EMAIL MESSAGE ALERTS

I authorize _____ to send text message and/or email appointment reminders to me on my provided cell phone number. I understand that I may receive account information such as future appointments, office location and other alerts as described in our text message and/or email message. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply.

Account Guarantor's Name: _____ DOB: _____

Account Guarantor's Cell Phone: (____) _____ Preferred Method:

Account Guarantor's Email Address: _____

Additional Individuals Authorized to Receive Text Message and/or Email Account Alerts:

Authorized Individual Relationship Cell Phone

Authorized Individual Relationship Email

My signature below indicates that I represent and warrant that I am the person legally responsible for all use of the account(s), that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text and email messaging services. I understand that this authorization can only be revoked in writing.

Signature Date

It is important to note that text and email communication is not always secure. Text and email messages can be intercepted and for this reason, we do not communicate personal health information through this method. Complete terms and conditions can be requested from office staff.