



Consent to Email or Text Usage for Appointment Reminders

Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications: Patients in our practice may be contacted via email and/or text messaging to remind you of upcoming appointments. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders at that email or text address from the Practice.

_____ (Patient Initials) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders.

The cell phone number that I authorize to receive text messages for appointment reminders is _____.

The email that I authorize to receive email messages for appointment reminders is

_____.

_____ (Patient Initials) I decline to be contacted via email and/or text messaging services.

The practice does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Print name _____

Patient Signature _____ Date _____