

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 an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information 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/feedback/health information unless I request a change in writing. I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information to the following:

DATE / /	CELL PHONE NUMBER () -
I authorize to receive email/text messages for appointment reminders and general health reminders/feedback/ information in the Patient Portal to the following EMAIL ADDRESS: _____ <i>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).</i>	
SIGNATURE	NAME (PLEASE PRINT)

