

Consent to Email, Text & Voice Message

Usage for appointment reminders and other healthcare communications.

Patients in our practice may be contacted via email, text messaging, and/or voice message 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 address or text/voice number at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email address or text/voice number from the Practice.

_____ (Patient Initials) I consent to receive text and voice messages from the practice at my cellphone or voice number and any number forwarded or transferred to that number or emails to receive communications as stated above. I understand that this request to receive emails, text messages, and voice messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages and voice messages for appointment reminders, feedback, and general health reminders/information to the following:

CELL PHONE NUMBER

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DATE

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I authorize to receive email/text/voice messages for appointment reminders and general health reminders/feedback/information in the Patient Portal to the following

EMAIL ADDRESS: _____

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).

SIGNATURE

NAME (please print)

Petaluma
HealthCenter

The Center of Good Health

