



**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 (see revocation section below).

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is\_\_\_\_\_. The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is\_\_\_\_\_.

*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).*

Patient Signature\_\_\_\_\_Date\_\_\_\_\_

**Revocation**

**\_\_\_\_I hereby revoke my request for future communications via email and/or text messages.**

**\_\_\_\_I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email.**

**Note:** This revocation only applies to communications from this Practice.

Patient Name: \_\_\_\_\_

Patient/Patient Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_