

## Email and Text Messaging Consent Form

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

We are happy to provide our patients with the option to participate in our online patient communication system. Some of the features include the ability to:

1. Confirm appointments via email
2. Receive text message appointment reminders

You may choose to discontinue your participation in our online communication system at any time simply by clicking the "unsubscribe" link found at the bottom of each email, or by replying "STOP" to a text message from us. Standard text messaging rates may apply.

Please provide us with the following contact information:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (if you wish to receive text msg. reminders)

Email: \_\_\_\_\_

We use this information strictly for the purposes of communicating with you more efficiently. Our goal is to provide you with excellent treatment as well as overall service and satisfaction

Please sign below to indicate that you agree to allow us to use this information in providing your services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Decline