

## Consent to Email or Text Appointment Reminders and Other Healthcare Communications

As a courtesy to our clients, Health Associates offers email and/or text messaging services, including automated appointment reminders. This may also include weather-related notices or general health information provided by your therapist. Phone and email addresses provided will not be shared with any third party without your consent.

\_\_\_\_\_ (Client initials) I consent to receive text and/or email messages from the practice at my cell phone or email address and any number forwarded or transferred to that number or email address 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 I authorize to receive text messages for appointment reminders/feedback/general health information is (include area code) is: (\_\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_.

The email address I authorize to receive email messages for appointment reminders/feedback/general health information is: \_\_\_\_\_.

Health Associates does not charge for this service, but standard text messaging rates may apply per your wireless plan (contact your carrier for details).

Patient Name (Print Clearly): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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You have the right to refuse text and email reminders from Health Associates at any time by initialing and signing below.

\_\_\_\_\_ (Client initials) I hereby revoke my permission for future communications via email and/or text. I understand that I will not receive reminders for my appointments at Health Associates and have read and understand the late cancellation/no show policy which states I may be assessed a \$55 missed appointment/late cancellation fee if I cancel less than 24 hrs before my appointment or do not show for my scheduled appointment.

\_\_\_\_\_ I revoke my permission to receive text messages.

\_\_\_\_\_ I revoke my permission to receive email messages.

Patient Name (Print): \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_