



Harmony Clinics

Consent to Text or Email for Reminders and Healthcare Communications

Patients in our practice may be contacted via email and/or text messaging to remind them of an appointment, to obtain feedback on their experience with our healthcare team, and to provide general health reminders/information. By signing below, you consent to receiving appointment reminders and other healthcare communications/information at the email or text address listed.

_____ (patient initials) I consent to receive text messages from the practice on my cell phone, as well as any number forwarded or transferred to that number, or emails that include 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 is: _____

The e-mail address I authorize to receive email messages is: _____

The practice does not charge for this service, but standard text messaging rates may apply according to your wireless plan (contact your carrier for pricing plans and details).

Revocation

I hereby revoke my authorization for future communications via e-mail and/or text.

_____ I hereby revoke my authorization to receive any future appointment reminders, feedback, and general health via text messages.

_____ I hereby revoke my authorization to receive any future appointment reminders, feedback, and general health via e-mail.

Signature of Patient or Personal Representative

Date

Printed Name of Patient or Personal Representative

Description of Personal Representative's Authority