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Email and Text Messaging Consent Form

We now have the ability to email and/or text you, reminding you of your appointments. If you would like to receive this feature in the future, please read the consent below and sign.

Consent to Email and/or Text Message for Appointment Reminders and Other Healthcare Communications: Patients in our clinic may be contacted via email and/or text messaging to remind you of an appointment to provide general reminders and information.

I consent to receiving appointment reminders and other healthcare communications and information at that email and/or text from Large Chiropractic Clinic.

___ (Patient initials) I consent to receive text messages from the clinic at my cell phone and any number forwarded or transferred to that number.

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is: (_____) _____
Carrier: _____

___ (Patient initials) I consent to emails and text messaging, to receive communications as stated above. The email and text messaging that I authorize to receive are for appointment reminders and general health information.

Patient Rights

Right to Terminate or Revoke Authorization

You may revoke or terminate this authorization by submitting a written revocation to this office and contact the Office Manager.

Potential for Re-disclosure

Information that is disclosed under this authorization may be disclosed again by the person to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

-I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

Signature Required on Back of Page

If you understand and agree with all the above policies, please sign your name below.

Patient or Legally Authorized Individual Signature

Date

Print Patient's Full Name

Date

Witness Signature

Date