

**Consent Form to Text Message and/or Email**

**Appointment confirmations**

We understand in today’s busy society, a phone call may not be the most convenient form of communication. We now offer patients within our practice the option to be contacted via email and/or text messaging to remind you of an appointment.

 *(Patient Initials)* I consent to the practice contacting me by ***text message*** for the purpose of receiving appointment reminders.

The cell phone number that I authorize to receive text messages for appointment reminders is:

*(Patient Initials)* I consent to the practice contacting me by ***email*** for the purpose of receiving appointment reminders.

The email that I authorize to receive email messages for appointment reminders is:

 *(Patient Initials)* I am aware that I can withdraw my consent at any time by informing the practice if I know longer wish to be contacted by any of the means listed above.

Plattsburgh Health Group 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). Both text messages & emails are generated using a secure facility, however, I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. The practice will not transmit any information which would enable an individual to be identified.

**Patient Name:**

 **(Printed)**

**Patient Signature:**   **Date**: