

CONSENT TO EMAIL OR TEXT USAGE FOR APPOINTMENT REMINDERS AND OTHER HEALTHCARE COMMUNICATIONS:

Patient Name: _____

I consent to receive text messages from Thigpen Hearing Center at my cell phone and any number forwarded or transferred to that number or emails to receive appointment reminder communication. I understand that this request to receive text and email messages will apply to all future appointment reminders unless I request a change in writing (see revocation section below).


CHECK ONE BOX:

YES, I accept and DO want to receive text/email messages.

Cell Phone #: _____

I acknowledge that I am responsible for providing Thigpen Hearing Center with any changes to the above contact.

NO, I decline and DO NOT want to receive text messages at this time.

Patient/Patient Representative Signature:  _____ Date _____

REVOCATION

____ I hereby revoke my request to receive any future appointment reminders by text.

Patient Name: _____

Patient/Patient Representative Signature: _____ Date: _____