

File # \_\_\_\_\_

Date: \_\_\_\_\_

## Texting/SMS Opt-in



First Name \_\_\_\_\_ Last \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell phone number for text messages: \_\_\_\_\_

Email for messaging: \_\_\_\_\_

I agree to receive automated transactional messages. I agree to receive one text message the day prior to my appointment and one hour prior to my appointment. I have been informed that I can opt out at any time by informing the front desk staff and/or texting "STOP" to any text message. I know and understand that text and data rates may apply. I understand that these are appointment reminders only and that if I need to change and/or cancel my appointment then I need to call the office directly at 641-923-2940.

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize my healthcare provider to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending appointment, a missed appointment, overdue wellness exam, balances due, or other communications via an automated outreach and messaging system. I also authorize my healthcare provider to disclose to third parties who may intercept these messages (individuals you have provided with access to your digital devices or email accounts) limited protected health information (PHI) regarding my healthcare events. I consent to receiving multiple messages per day from the automated outreach system when necessary.

X \_\_\_\_\_

**Patient's Signature**

**Office Use Only:**

- Offered policy form to patient
- Enabled their text messaging service