

Patient Communication Form

We are in the process of implementing a new appointment reminder and patient communication system for our practice. Please help us make sure we have the most current contact information for your account by completing this form.

By providing your contact information below, you are granting permission to be contacted via those communication channels. Your information will not be abused and will only be used to contact you regarding your care. Example communications include appointment reminders, reminders to schedule your next appointment and important announcements about our practice.

Name _____

Cell Phone _____

Text appointment reminders to your cell phone? **Y N (circle one)**

Address _____

Home Phone _____

Email _____

I hereby grant my healthcare provider permission to contact me via an automated phone/text/email system. I authorize my healthcare provider to disclose to third parties that answer my phone or have access to my communications, my limited protected health information, and to leave a message on these devices.

Signature _____ Date _____
