Agreement to Receive Electronic Communication
Text Message and Email

Type of Electronic Communication:

☐ **SMS/Text Message**

By selecting this option, I agree that The Practice may communicate with me electronically at the SMS number below. The communication must be very brief and must not include protected health information. Information I may receive should be limited to my appointments schedule ONLY.

I am aware that there is some level of risk that third parties might be able to read SMS. I am responsible for providing The Practice any updates to my SMS Telephone Number and can withdraw my consent to this electronic communications by calling the practice.

☐ **Email**

By selecting this option, I agree that The Practice may communicate with me electronically using my provided email address below. **I am aware that there is some level of risk that third parties might be able to read unencrypted emails.** I am responsible for providing The Practice any updates to my email address and can withdraw my consent to this electronic communications by calling the practice.

Patients Name	Date of Birth
Cell Phone Number	Email Address
Patients Signature	Date