

AUTHORIZATION FOR APPOINTMENT REMINDERS

_____ {name of clinic/practitioner} offers the option to receive an appointment reminder _____ hours or _____ day before your scheduled appointment by email and/or by phone. If you choose the reminder by phone, you have the option of a text message or a computer-generated voice message.

Please select ONE of the following options:

Phone Reminder (choose one):

Text Message. I authorize _____ {name of clinic/practitioner} to send text message appointment reminders to me on my cell phone number. Text message charges from my cell phone provider may apply. Example of text message: *“Do not reply – reminder – You have an appointment MON 01/11 at 4:00 PM. If you have any questions, please call us at () _____ {phone number} – Thank you, _____ {name of counselor}”*

Cell phone number to send text messages to: () _____

Automated Voice Messages. I authorize _____ {name of clinic/practitioner} to send computer-generated voice phone message appointment reminders to me on my provided phone number. Example of message: *“Hello. This is a reminder of your appointment on Monday, January 11, scheduled for 4 PM with _____ {name of counselor}. If you need to reschedule or have any questions, feel free to call us at () _____ {phone number}. Once again, your appointment is scheduled for Monday, January 11, at 4 PM with _____ {name of counselor}. Thank you.”*

Phone number for the automated system to call: () _____

Email message: I authorize _____ {name of clinic/practitioner} to send email message appointment reminders to me on my provided email address. Example of email message from _____@_____.com. *“This is a reminder of your appointment on Monday, 01/11/2022, scheduled for 4:00 PM with _____ {name of clinic/practitioner}. If you have any questions regarding your appointment, please feel free to contact us at () _____ {phone number}. Thank you.”*

Email address to send reminder messages: _____

None of the above: I will remember my appointments on my own.

I understand that late cancellation and no-show appointment fees will apply if I cancel my appointment with less than ____ hours' notice.

Appointment information is "Protected Health Information" under HIPAA. By signing, I give my permission to receive appointment reminders as selected. My signature indicates that I am the person legally responsible for all use of the accounts, that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text messaging services if applicable. I understand that this authorization can only be revoked in writing.

Printed name: _____

Signature: _____

Date: _____