

We now have the ability to email and/or text you, reminding you of your appointments. If you would like to receive this feature in the future, please read the consent below and sign.

**Consent to Email and/or Text Message for Appointment Reminders and Other Healthcare Communications:**  
**Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information.**

I consent to receiving appointment reminders and other healthcare communications/information at that email and/or text from Bullhook Community Health Center, Inc.

\_\_\_\_\_ (**Patient initials**) I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number.

The **cell phone number** that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Carrier: \_\_\_\_\_

\_\_\_\_\_ (**Patient initials**) I consent to emails, to receive communications as stated above.

The **email** that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information  
is \_\_\_\_\_.

-I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_