

Communications Form:

PLEASE FILL ALL FIELDS OUT THANK YOU.

Today's Date: _____

Patient's Name: _____

If appropriate Guardian's Name: _____

Patient's Chart Number: _____

My cell phone number is: _____ My home phone number is: _____

I will let you know right away if my cell phone number or home phone number changes.

Unencrypted Text Message – Email Language

We offer regular text messaging and email to provide helpful information like appointment reminders. Regular text messages and emails are not secured by a technical process called encryption so there may be some level of risk the information could be read by someone besides you. Please let us know if you would like us to communicate with you by text message or email.

___ Yes, please communicate with me by email. My email address is:

I will let you know right away if my email address changes.

___ No, please do not communicate with me by regular (unencrypted) email.

___ Yes, please communicate with me by text message. My cell phone number is:

I will let you know right away if my cell phone number changes.

___ No, please do not communicate with me by text messaging.

X

 Patient/Guardian