

Consent to text message appointment reminders

I consent to receiving appointment reminders and other health care communications/
information via phone/text from Cedar Valley Psychiatry

I may be contacted by:

_____ (patient initials) Text Message

_____ (patient initials) Phone

_____ (patient initials) I **Do Not** want to be contacted by **Text Message**

Cell Phone number I authorize to receive calls/ text messages/ appointment reminders is:

_____ Voicemail YES NO

Alternative phone number we may call:

1. _____ Voicemail YES NO

2. _____ Voicemail YES NO

I understand all the risks associated with this. I understand that this will apply to all
appointment reminders/feedback/health information unless I request a change in writing.

Patient Name _____

Patient Signature _____

Date _____