



Consent to Email or Text Usage for Appointment Reminders

Families Connect Inc. may need to contact our clients via email or text for appointment reminders. These reminders will not include Protected Health Information but will include the date and the time of the appointment and the client's initials or first name.

Client Name:	Client DOB:
Caregiver Name:	Relationship to Client:

If at any time I (client or client caregiver) provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information at that email or text address from Families First of Florida.

____ (Client/Caregiver Initials) I consent to receive text messages from the Families Connect Inc. at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is_____.

The email that I authorize to receive email messages for appointment reminders and general health reminders/feedback/information is_____.

Families Connect Inc. does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

1. By signing this form, I agree to allow Families Connect Inc. to contact me by text for appointment reminders.
2. I understand that texts are transmitted over a public network and as such may not be secure.
3. I agree to notify Families Connect Inc. if the mobile number provided changes.

Signature

Signature Date

Revocation

____ I hereby revoke my request for future communications via email and/or text messages.

____ I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email.

Note: This revocation only applies to communications from Families Connect Inc.

Client Name: _____

Client/Caregiver/Representative Signature: _____

Date: _____ Time: _____