



## Client HIPAA Acknowledgment and Consent Form

Consent to Email or Text Usage for Appointment Reminders and Other Healthcare Communications

**Calm Over Chaos clients may be contacted via email and/or text messaging to remind you of an appointment and/or to provide general health reminders/information.**

If at any time I provide an email or text address at which I may be contacted, I consent to receiving appointment reminders and other healthcare communications/information from Calm Over Chaos at that email or text address from the Practice.

\_\_\_\_\_ (Client initials)

I consent to receive text messages from the practice on 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 (include area code) \_\_\_\_\_.

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

**Calm Over Chaos** 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).

Patient Name (Print clearly) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_