**CORNERSTONE COUNSELING, BRANDON DIXON LLC**

**2909 Bent Avenue, Unit B1**

**Cheyenne, Wyoming 82001**

**Email/Text/Cell Phone Consent Form**

Patient HIPPA Acknowledgement and Consent Form. Consent to Email, Text, or Cell Phone usage for Appointment Reminders and Other Healthcare Communications: Patients may be contacted via email, cell phone, or text messaging to remind you of an appointment, to obtain feedback on your experience, and to provide general health information.

If I, patient, provide an email address or text/phone number at which I may be contacted, I consent to receiving appointment reminders and other healthcare communication/information at this address or text/phone number from the practice stated above. \_\_\_\_\_\_\_\_\_\_ (Patient initials)

I, patient, consent to receive text messages, phone calls, and emails that may be forwarded or transferred to my number or email in order to receive communication stated above. This will apply for future reminders/feedback/health information unless I request a change in writing to revoke my consent. The cell phone number that I authorize to receive text messages, voice calls, and voicemail for appointment reminders/feedback/health information at is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The email address that I authorize to use for reminders/feedback/health information is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There is no charge for this service from the practice, but standard text messaging rates may apply as provided by your wireless plan (contact your carrier for pricing plans and details).

Patient printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_