ROSEMAN MEDICAL GROUP
ROSEMAN UNIVERSITY OF HEALTH SCIENCES

PATIENT TEXT MESSAGE CONSENT

I hereby give my consent for the practice to send Text Messages to my mobile phone for the purpose of general health information (excluding any HIPAA protected information) and appointment reminders. I will ensure that I keep the practice informed of my up to date mobile number at all times, or if the number is no longer in my possession.

Should I not be able to keep an appointment I will contact EMPOWERED at (833) 481-7681 to cancel my appointment at least 24 hours in advance as per RMG no show policy.

Printed Signature _____ Date_____