Email and Text Messaging Consent Form

We now provide our patients with the option to participate in our online patient communication system. These features include:

* Appointment confirmation via Email
* Appointment confirmation via Text Message
* Appointment confirmation via Voice Reminder
* Service related/emergency response

PLEASE MARK THE FOLLOWING:

 By checking this box, you agree to consent to receiving appointment confirmations via email. I understand I can withdraw my consent at any time. My email address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By checking this box, you agree to receive text messages (SMS) from Figure 8 Wellness Center related to wellness checks, to confirm appointments, and offer emergency response services at the phone number provided above. You may reply STOP to opt-out at any time. For assistance, reply HELP. Message and data rates may apply. Message frequency will vary. Learn more on our Privacy Policy page at https://figure8therapy.com/privacy-practices-1. My cell phone number is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 By checking this box, you do not consent to receiving any information via email or text and understand you will not receive voice reminders either unless requested.

Please sign below to indicate that you agree to allow us to use this information in providing your services. You may choose to discontinue your participation in our online communications system at any time by notifying office staff.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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