**Electronic Communication Consent Form**

I consent that Coastal Bend Neuropsychology, PLLC, or it’s representative can provide their services and communicate with me via mobile phone, messages, e-mail and any kind of online communications, provided that these communications comply with privacy regulations.

**Appointment Reminders, Reschedules and Cancellations**

I understand that Coastal Bend Neuropsychology, PLLC, or it’s representative can reach me any time to remind me of my appointments or let me know in case of any change about my appointments. And I also understand that Coastal Bend Neuropsychology, PLLC, can employ and use a third-party automated system to reach out me for the purpose of "confirm", "reschedule" or "cancel".

**Telemedicine Appointments**

For telemedicine appointments (including feedback appointments conducted by video), I understand the appointments will be held via electronic environments. I consent to completion of such appointments with a service provider such as Doxy.me that provides protection of healthcare information.

**Contact Information Change**

I accept that I am responsible for notifying Coastal Bend Neuropsychology when my contact information changes.

**Consent Cancellations**

I know that I can revoke this consent at any time by contacting Coastal Bend Neuropsychology.

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I consent to the use of mobile phone communications. \_\_\_\_\_\_Initial Here

I consent to the use of texting (messages) communications. \_\_\_\_\_\_Initial Here

I consent to receive electronic notifications for confirming, rescheduling or cancelling my appointments.

 \_\_\_\_\_\_Initial Here

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Patient/Representative Signature Date