**Consent to Email and/or Text Message for Appointment Reminders and Other Healthcare Communications**

Patients in our practice may be contacted via email and/or text messaging to remind them of an appointment, to obtain feedback on their experience with our healthcare team, or to provide general health reminders/information.

\_\_\_\_\_ I consent to receive appointment reminders and other healthcare communications via text and/or email from Sykes Early Intervention Services.

\_\_\_\_\_ I understand that this request to receive emails and/or text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing.

The cell phone number that I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information is

(\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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Print Name of Client Date of Birth

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Signature of Client, Guardian or Responsible Party Relationship to Client

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Private Practitioner / Witness Date