

Acct: _____

Patient Portal and Text Message Informed Consent

Patient Acknowledgement and Agreement: I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the use of email and text messaging as a form of communication between VIPMS staff and me, and consent to the conditions and instructions outlined, as well as any other instructions that VIPMS may impose to communicate with me by email or text message. I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message service at any time. VIPMS is not responsible for any charges imposed by my wireless carrier.

Please check one box. I wish to receive communications and appointment reminders via:

Phone call/voicemail at phone: _____

or _____

Text message (SMS) at cell: _____

I prefer to receive these messages in the: morning afternoon evening

or _____

Email/Patient Portal ONLY at email: _____

or _____

I do not wish to receive electronic communications at this time.

Patient Name: _____ Patient Date of Birth: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Please list any additional patients' names and dates of birth here: