



Imperial Health

Consent to Receive Text Messages or Emails about Appointment Reminders:

As a courtesy, Imperial Health has the capability to contact patients using text messaging and/or email to remind you of upcoming appointment(s) with your provider. By furnishing my personal cell phone number and/or an email address to this office, I understand and agree to the following:

- I hereby consent to authorizing Imperial Health to communicate with me about my or my minor child's upcoming appointments via text message and/or email message.
- I understand that appointment reminders are not encrypted and therefore may not be confidential.
- I agree to notify Imperial Health as soon as practical if my mobile number, email address or home address changes. I also agree and understand that that Imperial Health takes no responsibility for and disclaims any and all liability arising from my failure to notify Imperial Health of a change in my mobile number, email address or home address.
- I understand that Imperial Health reserves the right to terminate this service at any time for any reason without prior notice.
- I understand that this request to receive text messages will apply to all future appointment reminders unless I request a change in writing. If I should wish to revoke my participation in this service, I should state my request in writing and direct this letter to Imperial Health's Privacy Officer at 501 Dr. Michael DeBakey Drive, Lake Charles, LA 70601.

Imperial Health does not charge for this service, however, I understand that message and data rates may apply from my mobile carrier. (Contact your carrier directly should you have questions about pricing plans and details.)

I agree! Please start sending me appointment reminders.

I wish to decline to participate in this service.

Patient Signature: _____

Date: _____

******This document will need to be scanned and indexed into the Patient's Medical Record. ******