

## E3 TEXT MESSAGE REMINDERS

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ PT #: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Grand Traverse County Health Department's E3 sites at Traverse City Central High School and Traverse City West Senior High School to send appointment reminders electronically via text message to my mobile phone. I understand that consent for the service can be revoked at any time verbally or in writing. Appointment reminders will contain the name of the clinic, the date and time of the appointment and a number to call to cancel or reschedule the appointment.

I understand that:

- texts sent in response to the reminder will not be answered
- standard messaging rates from my mobile provider may apply
- information sent via text is not secure and others may be able to see what is sent

Please activate text message reminders to the following mobile number:

Mobile Number: \_\_\_\_\_

This number belongs to: ☐ the patient ☐ the parent

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Clinic Use Only:

Patient/Parent/Guardian has revoked consent for Text Message Reminders on (date) \_\_\_\_\_ at (time) \_\_\_\_\_.

☐ Minor Consent on file ☐ Parent/Legal Guardian Consent on file

Clinic Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_