wesley
Health Centers

PATIENT NAME: _____

DOB: _____

PN#: _____

PATIENT CONSENT FOR ELECTRONIC COMMUNICATION

□ **YES,** I would like to receive appointment reminders via text or email

□ **NO**, I do not want to receive appointment reminders

Mobile Cell: _____ Patient Email: _____

JWCH + Wesley Health Centers offers the option to receive certain health-related information via text message (SMS). This may include:

- Appointment reminders
- Appointment confirmations
- General health information

Consent and Acknowledgement

By signing below, you acknowledge and agree to the following:

1. **Electronic Communication:**

   I understand that by signing below, I am agreeing to receive electronic communications from JWCH + Wesley Health Centers related to my care that may include limited Protected Health Information (PHI).

2. **Voluntary Participation:**

   I understand that receiving text messages is optional and not a condition for receiving care with Wesley Health Centers

3. **Confidentiality Risks:**

   I understand that text messages may not be fully secure and there is some risk that protected health information (PHI) could be intercepted or accessed by unauthorized persons.

4. **Message content:**

   I understand that text messages will not contain highly sensitive information and may include limited PHI related to my care

5. **Message Frequency:**

   I may receive recurring messages, and I understand that message and data rates may apply depending on my mobile carrier.

6. **Opt Out**:

   I may revoke consent at any time by replying STOP or UNSUBSCRIBE to a message

_____ _____

Patient or Legal Guardian Name **Patient or Legal Guardian Signature**

_____ _____

Relationship (if aplicable) **Date**