



ORTHOPAEDIC INSTITUTE

Consent for Electronic Communications

Your health care is important to us. In order to provide you with the best possible care, we occasionally send convenient text messages to our patients

Patients in our practice may be contacted via email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, and to provide general health reminders/information. Your information will always be regarded confidential as defined in the Health Insurance Portability and Accountability Act (HIPPA) and will never be distributed or utilized for financial solicitation.

As a convenience, our practice will enroll your email or text address that you provided by default so that you may receive appointment reminders and other healthcare communications/information at that email or text address from our Practice. You may request to opt out of these communications at any time.

By acknowledging this form, I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to Growing Bones Pediatric & Neuromuscular Orthopaedic Institute send me electronic communications for appointment reminders, feedback, and general health reminders/information.

We look forward to providing more convenient communications with you via electronic messaging. Our goal is to provide you with relevant and useful information about your health and improve the ways in which we may serve you. Thank you!

Signature

Date