



Communications Consent

Patient Name: _____

Patient DOB: _____

I understand that South Lake Pediatrics and its business associates and affiliates sometimes use automated, artificial voice and/or prerecorded messages, voicemails, text messages, and electronic mail to communicate health care-related information to their patients and their patients' parents/guardians. These communications may include, but are not limited to, the following: appointment confirmations, appointment waitlist offers, wellness check-up and follow-up care reminders, pre-appointment instructions, prescription-related notifications, patient satisfaction surveys, billing notifications, communications relating to the collection of unpaid medical debts, and other financial-related notifications.

I understand that I may opt-out of receiving the above-described communications by checking the box below or, at any time in the future, contacting South Lake Pediatrics:

No, I do **not** consent to receive the above-described automated, prerecorded and electronic communications about my or my child's health care and related matters from South Lake Pediatrics and its business associates and affiliates.

- I understand this means I will not receive any automated appointment related messages from South Lake Pediatrics.

By signing below, I consent to:

- Receiving automated, artificial voice and/or prerecorded messages, voicemails, text messages, and electronic mail about my or my child's health care and related matters, including but not limited to those communications specifically described above, from South Lake Pediatrics and its business associates and affiliates. Information in voice or text messages may not be secure.
- I agree that these communications may be sent to the home telephone number, cellular telephone number and/or email address that I provide below, or any home or cellular number or email address that I may provide to South Lake Pediatrics in the future.
- Standard text message and minute usage rates from my mobile or internet service provider may apply.
- I will inform South Lake Pediatrics if the mobile number(s) change.

Patient or Parent/Legal Guardian 1:

Name:
Relation to patient:
Phone Number:

Parent/Legal Guardian 2:

Name:
Relation to patient:
Phone Number:

Signature: _____

Date: _____