

Lafayette Regional Health Center Rural Health Clinics

Consent to Email or Text Usage for Appointment Reminders

Odessa Medical Group

Lexington Medical Clinic

Higginsville Medical Clinic

Patients at Odessa Medical Group and other affiliated LRHC RHC's 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. If at any time you provide an email or text address at which you may be contacted, you consent to receiving appointment reminders and other healthcare communications/information at that email or text address from Odessa Medical Group and other affiliated LRHC RHC's.

_____ **(Patient Initials)** 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 test messages will apply to all future appointment reminder/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive test messages for appointment reminders, feedback and general health reminders/information is _____.

The email that I authorize to receive email messages for appointment reminder and general health reminders/information is _____.

Revocation

_____ I hereby revoke my request for future communications via email and/or text.

_____ I hereby revoke my request to receive any future appointment reminders, feedback and general health via text messages.

_____ I hereby revoke my request to receive any future appointment reminders, feedback and general health via email.

Note: This revocation only applies to communications from the LRHC RHC's

Patient Name: _____

Patient/Patient Representative Signature: _____

Date: _____