

## **Consent Form for Text Message Notifications**

### **Purpose:**

As part of our commitment to providing efficient and timely communication, we, [Your Company Name], offer text message notifications for appointment reminders, health updates, and other essential communications to clinic patients.

**By signing this consent form, [Clinic Name] agrees to ensure that their users (patients) are informed and have opted in to receive text message notifications.**

### **Consent Details:**

**1. Opt-In Requirement:**

[Clinic Name] agrees to ensure that all patients are given the opportunity to opt in to receive text messages. This will be clearly communicated to the patients through our system, and the opt-in process must be confirmed by the patient prior to receiving text message notifications.

**2. Text Message Content:**

Text messages sent to patients will include, but are not limited to:

- Appointment reminders
- Health-related updates
- Notifications of important changes to schedules or services
- Other communications relevant to patient care

**3. Patient Consent:**

[Clinic Name] agrees to ensure that the patient consents to receive text messages during the registration or appointment scheduling process. This consent will be clearly presented and recorded in our system.

**4. Opt-Out Option:**

Patients will be informed that they have the right to opt out of text message notifications at any time by replying "STOP" to any text message or by updating their preferences in the clinic's portal.

**5. Confidentiality and Privacy:**

All phone numbers and communication data will be handled securely and in accordance with HIPAA (Health Insurance Portability and Accountability Act) or any applicable privacy regulations. We commit to protecting the confidentiality of patient information.

**6. Compliance:**

[Clinic Name] agrees to comply with all relevant laws and regulations concerning patient consent and communication, including the Telephone Consumer Protection Act (TCPA) and any other applicable local or international regulations.

### **Agreement:**

By signing below, you confirm that you, on behalf of [Clinic Name], will ensure that all patients are fully informed of the opt-in process for receiving text message notifications. You also agree to ensure compliance with the regulations and requirements outlined above.

**Clinic Name:** \_\_\_\_\_

**Authorized Representative:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_