



## **Patient Communication Consent Form**

### **Text Message Account Alerts**

As part of the implementation of a new Practice Management system, Riverchase Dermatology and Cosmetic Surgery now have the advantage of communicating appointment reminders via text message with our patients.

I authorize Riverchase Dermatology and Cosmetic Surgery to send text messages appointment reminders to me on my provided cell phone number. I understand that I may reply with various commands to receive account information. By accepting these terms, I agree to receive text messages from the practice. Text charges from your cell phone provider may apply.

**My signature below indicates that I represent and warrant that I am the person legally responsible for use of the account, and that I agree to the terms and conditions for the use of the text messaging services. I understand that I may opt out of text message communication at any time.**

Signature \_\_\_\_\_

Date \_\_\_\_\_