

HEALTHFIT

**Consent to  
Email, Text & Leave Voicemail  
For  
Appointment Reminders, scheduling  
&  
to give you the latest information and updates about our services and products  
that may be of interest to you**

By signing below, I give HEALTHFIT permission to contact me by email, text or voicemail for appointment reminders, scheduling, messages and updates/educational material.

I understand that message/data rates may apply to text messages sent by HEALTHFIT under my cell phone plan.

My text/mobile phone number is: (\_\_\_\_\_)\_\_\_\_\_

and my My email is: \_\_\_\_\_

The email/SMS Text service should **not** be solely relied upon, as the responsibility of attending and cancelling appointments still rests with you, but we hope this will make things easier.

I understand that email/text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such text may be misdirected, disclosed to or intercepted by unauthorized third parties. Information included in text messages may include your first name, date/time of appointments, name of physician and physician phone number, or other pertinent information.

By signing below, I indicate I am the primary user for the email/mobile phone number listed above. I accept the risk explained above and consent to receive email/text messages from HEALTHFIT and its affiliates to the email and phone number that I have provided.

I know that I am under no obligation to authorize HEALTHFIT or its affiliates to send me text/emails/VM messages. I may opt-out of receiving these communications at any time by calling the Office, or by responding STOP to any message.

Please allow 2-3 business days for processing.

Patient Name:\_\_\_\_\_ DOB:\_\_\_\_\_

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Parent/Legal Guardian Signature:\_\_\_\_\_