

COMMUNICATION CONSENT FORM

PATIENT NAME: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

GUARDIAN/CONSERVATOR: \_\_\_\_\_  
LAST NAME FIRST NAME

**CONSENT TO RECEIVE TEXT MESSAGES**

PATIENT/LEGAL GUARDIAN/CONSERVATOR CONSENT: I give Abbott Naturopathy, PLLC and its providers, staff and patient notification service, permission to contact me via my cellular device for automated phone calls, and SMS text messages (including appointment reminders, billing information and public health announcements). I understand there is a risk that unauthorized individuals might access text messages left on the provided cellular device number. I also agree and understand that the SMS text messaging will not be used for requesting medical advice or correspondence and that for those services I will be directed to schedule an appointment or communicate through the patient portal.

I understand that message/data rates may apply to messages sent to my mobile phone and that I am responsible for those costs. I understand that I am under no obligation to authorize Abbott Naturopathy, PLLC to send text messages as part of this program. By signing, I certify that I am the owner and user of any cellular device number I have provided, or if not current, to any number I am reasonably found to be associated with.

\_\_\_\_\_  
**Patient/Guardian/Conservator Signature** **Date**

**CONSENT TO RECEIVE CONFIDENTIAL VOICEMAIL**

PATIENT/LEGAL GUARDIAN/CONSERVATOR CONSENT: I give Abbott Naturopathy, PLLC and its providers, staff, and patient notification service to leave confidential voicemail messages which may include appointment reminders, details related to my medical condition, test results, medication changes, or other health-related matters. Voicemail messages left by Abbott Naturopathy, PLLC providers and staff will be considered confidential and intended solely for my use or that of my authorized representatives. There is a risk that unauthorized individuals might access voicemail messages left on the provided phone number. I have the right to revoke this consent at any time by providing written notice to Abbott Naturopathy, PLLC.

I understand the risks and benefits of consenting to receive voicemail messages containing confidential medical information. I authorize Abbott Naturopathy, PLLC and its providers and staff to leave such messages on my voicemail at the phone number provided.

\_\_\_\_\_  
**Patient/Guardian/Conservator Signature** **Date**