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## CONSENT TO RECEIVE TEXT AND EMAIL COMMUNICATION

Kids' Medical Care wishes to provide the best quality service. We now have the ability to text and/or Email you for various healthcare related communications. We will <u>not</u> text or Email any health information on your child. We will <u>not</u> receive any text or email concerning any medical questions. However, we may use text or Email for:

- appointment reminders;
- annual physical reminders;
- > immunization reminders;
- > important general healthcare information;
- > feedback on your experience;
- > and to contact you to call us.

Please initial your consent:

| , |   |                            |
|---|---|----------------------------|
| Yes No                                  | I consent to receive text messages on any cell phone provided.                            |                            |
| Yes No                                  | _ I consent to receive Email communicatio   | ns to the Emails provided. |
| Yes No                                  | _ I understand that I may rescind this cor  | nsent in writing only.     |
|   | _ I understand that I may <b>not</b> communicate ails. Any medical questions must be comm | •                          |
|   | I understand that this service is prov<br>text messaging. Please contact your carrie      | •                          |
| Cell Phone #1: _                        | Cell Phone #2   | :                          |
| Email #1:                               | Email #2:   |                            |
| Patient's Name _<br>Print Parent's or   |   | Date of Birth:             |
| Legal Guardian's                        | Name:   | _ Date:                    |
| Signature:                              |   | Relationship:              |
| Witness Name: _                         |   | Medical Record#:           |