

# Authorization for Appointment Reminders

\_\_\_\_\_ {name of clinic/practitioner} offers the option to receive an appointment reminder \_\_\_\_ hours or \_\_\_\_ day before your scheduled appointment by email and/or by phone. If you choose the reminder by phone, you have the option of a text message or a computer-generated voice message.

**Please select ONE of the following options:**

**Phone Reminder** (*choose one*):

**Text Message.** I authorize \_\_\_\_\_ {name of clinic/practitioner} to send text message appointment reminders to me on my cell phone number. Text message charges from my cell phone provider may apply. Example of text message: *“Do not reply – reminder – You have an appointment MON 01/11 at 4:00 PM. If you have any questions, please call us at (Phone Number) – Name of Counselor.”*

**Cell phone number to send text messages to: (    ) \_\_\_\_\_**

**Automated Voice Messages.** I authorize \_\_\_\_\_ {name of clinic/practitioner} to send computer-generated voice phone message appointment reminders to me on my provided phone number. Example of message: *“Hello. This is a reminder of your appointment on Monday, January 11, scheduled for 4 PM with \_\_\_\_\_. If you need to reschedule or have any questions, feel free to call us at (Phone Number) Once again, your appointment is scheduled for Monday, January 11, at 4 PM with \_\_\_\_\_. Thank you.”*

**Phone number for the automated system to call: (    ) \_\_\_\_\_**

**Email message:** I authorize \_\_\_\_\_ {name of clinic/practitioner} to send email message appointment reminders to me on my provided email address. Example of email message from \_\_\_\_\_@\_\_\_\_\_.com. *“This is a reminder of your appointment on Monday, 01/11/2022, scheduled for 4:00 PM with \_\_\_\_\_. If you have any questions regarding your appointment, please feel free to contact us at (Phone Number) Thank you.”*

**Email address to send reminder messages: \_\_\_\_\_**

**None of the above:** I will remember my appointments on my own.

**I understand that late cancellation and no-show appointment fees will apply if I cancel my appointment with less than xx hours' notice.**

**Appointment information is "Protected Health Information" under HIPAA.** By signing, I give my permission to receive appointment reminders as selected. My signature indicates that I am the person legally responsible for all use of the accounts, that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text messaging services if applicable. I understand that this authorization can only be revoked in writing.

Printed name: \_\_\_\_\_

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

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