



1169 Walker Road, Dover DE, 19904

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## Patient Communication Consent Form

I authorize **C-Schell Chiropractic** to send text messages and/or email appointment reminders to me on my provided cell phone number. I understand that I may receive account information such as future appointments, office location, and other alerts as described in our text message and/or email message. By accepting these terms, I agree that all individuals associated with my account may receive alerts referencing the account guarantor and/or dependents. Text message charges from my cell phone provider may apply.

Account Guarantor's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Preferred Method:**

Account Guarantor's Cell Phone: \_\_\_\_\_

Account Guarantor's Email: \_\_\_\_\_

**The following individuals are authorized to receive phone calls and/or email and text alerts to discuss my care with the staff:**

Authorized Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My signature below indicates that I represent and warrant that I am the person legally responsible for all use of the account(s), that I am at least 18 years of age, and that I agree to all terms and conditions of use for the text/email messaging services. I understand that this authorization can only be revoked in writing.

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

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

When you have completed this form, please print and bring with you to your next appointment, thank you!

It is important to note that text and email communication is not always secure. Text and email messages can be intercepted and for this reason, we do not communicate personal health information through this method. Complete terms and conditions can be requested by office staff.