

Sylvia A. Gisi, M.D.

FAMILY PRACTICE

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CONSENT TO RECEIVE TEXT MESSAGES

Our office can send you text messages (SMS) about your care. Text messaging is optional. You can still be a patient here, and receive every service we offer, whether or not you agree to receive texts.

By signing below, I agree to receive text messages from the office of Sylvia A. Gisi, M.D. at the cell phone number I provide, for:

- Appointment reminders, confirmations, and scheduling changes
- Requests to call the office, and replies to questions I send by text
- Notices about prescription refills, lab results being ready, and office closures or hours changes

Please read and understand:

- Message frequency varies based on your care. Message and data rates may apply according to your cell phone plan.
- You may opt out at any time by replying **STOP** to any message, or by telling the front desk. Reply **HELP** for help, or call (951) 303-6158.
- Text messages are not encrypted and are not a secure way to send health information. Please do not text detailed medical questions, and understand that a message could be seen by anyone with access to your phone.
- Texting is not for emergencies. If you have a medical emergency, call 911.
- Our messages will come from the practice's own phone number. We do not sell or share your cell phone number for marketing, and the number you give us is used only for messages about your care.
- Consent to receive texts is not a condition of receiving treatment. You can withdraw this consent at any time, and wireless carriers are not liable for delayed or undelivered messages.

☐ **YES**, I consent to receive text messages as described above. ☐ **NO**, please do not text me.

Patient name (print)

Date of birth

Cell phone number for text messages

Wireless carrier (optional)

Patient or authorized representative signature

Date

Relationship, if signed by someone other than the patient