



Consent to Receive Text Message/IVR Appointment Reminders

By signing below, I authorize Alliance MHS and its affiliates to contact me by automated SMS text message or IVR for appointment reminders.

I understand that message/data rates may apply to messages sent by Alliance MHS or its affiliates under my cell phone plan.

My text/mobile phone number is: () _____ Patient Initials _____

Communication Preference: SMS___ VOICE___ EMAIL___ Email Address: _____

I know that I am under no obligation to authorize Alliance MHS or its affiliates to send me text messages. I may opt-out of receiving these communications at any time by responding STOP on any received SMS communication. Please allow 24-72 business days for processing.

I understand that text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such text may be misdirected, disclosed to, or intercepted by unauthorized third parties. Information included in text messages may include your first name, date/time of appointments, name of physician, and physician phone number, or other pertinent information.

By signing below, I indicate I am the primary user for the mobile phone number listed above, I accept the risk explained above and consent to receive text messages via automated technology from Alliance MHS and its affiliates to the phone number that I have provided.

Patient Name: _____

Signature: _____

Date: _____ Date of Birth: _____