



### Consent to Receive Text Message Appointment Reminders

By signing below, I authorize Indiana Internal Medicine Consultants (IIMC), and its affiliates to contact me by automated SMS text message for appointment reminders.

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

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

I know that I am under no obligation to authorize IIMC or its affiliates to send me text messages. I may opt-out of receiving these communications at any time by notifying my Providers office of this request. Please allow 2-3 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 IIMC and its affiliates to the phone number that I have provided.

Patient Name: \_\_\_\_\_

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

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