

APPOINTMENT REMINDER AUTHORIZATION FORM

Patient Name _____ DOB _____

Our clinic provides **text message** and **voice message** appointment reminders. We maintain the confidentiality of your information while using this system. We will NOT send out any texts unless you have explicitly consented, and text/voice call messages will be for appointment reminders *only*. We ask that you not rely solely on this service for remembering your appointment. The responsibility of attending and cancelling appointments still rests with you, but we do hope this will make things easier. Please indicate below the best way to reach you for appointment reminders. You may choose more than one, however, if all are Initialed you could receive up to three reminder messages.

TEXT MESSAGE

(Initial)

Yes, I authorize Academy for Five Element Acupuncture to send appointment reminders electronically via text message to my cell phone. I understand that this service is offered free of charge, however, standard text messaging rates from my mobile carrier may apply. I will receive a text reminder 24 hours before the scheduled appointment.

Cell/Text Message Number _____
I will contact the clinic immediately with any change in my cell phone number.

VOICE MESSAGE

(Initial)

Yes, I authorize Academy for Five Element Acupuncture to send appointment reminders electronically via voice messaging. If I am unavailable to answer the telephone, I give the Academy permission to leave a message on my answering machine or with the person answering the telephone. I will receive a reminder 24 hours before the scheduled appointment.

Voice Message Number _____
I will contact the clinic immediately with any change in my voice message number.

EMAIL

(Initial)

Yes, I authorize Academy for Five Element Acupuncture to send appointment reminders electronically to the email address listed here. I will receive an email one week before the scheduled appointment time and a second email 36 hours before the scheduled appointment time. (The Academy is unable to vary this).

Email address (please print clearly) _____

Patient Signature _____

or Parent/Legal Guardian Signature _____