

CONSENT FOR VOICE AND TEXT MESSAGING COMMUNICATION

In an effort to relay Normal results faster to our patients we have implemented Electronic Medical Records.

I understand that in order for Boca Delray Women Care, LLC to leave detailed messages containing specific medical information on my voicemail or answering machine, I need to give my permission to Boca Delray Women Care, LLC.

I further understand that in order for Boca Delray Women Care, LLC to text detailed messages containing specific medical information to my cell phone I need to give my written express permission to Boca Delray Women Care, LLC. I also understand that my healthcare information at Boca Delray Women Care, LLC is protected and a copy of the Notice of Privacy Practices is available upon my request.

Consent for Messages

I give my written express consent to Boca Delray Women Care, LLC to leave detailed messages on my voicemail/ answering machine about my NORMAL lab results, diagnostic and/or imaging results, prescription information, or appointment reminders.

No abnormal results will be communicated via our automated system.

I AUTHORIZE BOCA DELRAY WOMEN CARE, LLC TO SEND AUTOMATIC ELECTRONIC COMMUNICATION VIA TEXT/EMAIL/VOICEMAIL MESSAGES.

Patient Name (Please Print): _____ Date: _____

Patient Signature: _____ Cell #: _____
(this number will be used for messaging)

It is my responsibility to keep this information up to date, as I recognize that my information may change over time. This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. I understand that I must provide written notice in order to revoke this consent.