

# Bay Mills Health Center

## APPOINTMENT REMINDER MESSAGES

### Opt in / Opt out

You may now receive your appointment reminder via TEXT message. To receive your reminder via text message or to opt out please complete the following printing clearly:

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (MM/DD/YYYY)      LAST 4 SSN: \_\_\_\_\_

CELL PHONE NUMBER (with area code): \_\_\_\_\_

BMHC HEALTH RECORD NUMBER: \_\_\_\_\_

Please be advised that text messaging is not a preferred method of communication for Protected Health Information under HIPAA. You are opting to receive a text message appointment reminder and we will be text messaging the cell phone number listed above.

The text message will be (**your name** has an appointment at **time** with the **clinic** at the Bay Mills Health Center on **date**).

***\*There is no charge for this service, but standard text messaging rates from your carrier may apply.***

\_\_\_\_\_ I would like to receive my appointment reminder as a text message.

\_\_\_\_\_ (Opt out) I am currently receiving text reminders and I wish to receive a phone call instead.

This service is not available to minors for use. If you would like a text message reminder for your child's appointments please ensure your name and current cell phone number are listed in your child's patient record as well as completion of a separate Appointment Reminder Messages form with the parents' cell number listed. These numbers will be cross-checked to ensure privacy and accuracy. All HIPAA and Privacy policies apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date