



Hackensack
Meridian *Health*
Medical Group

AUTHORIZATION

PERMISSION TO RECEIVE PRERECORDED MESSAGES AND/OR TEXT MESSAGES

As a service to our patients, we provide courtesy appointment reminder calls and when we can text messages. We also may place other important calls and send text messages using a prerecorded or automated message. In order to authorize receiving the calls and messages, please fill out the information below and provide the phone number where you wish to receive these messages.

Important note: By providing your **cell phone number** below, you consent to receiving appointment reminder calls, important calls and/or text messages on your cell phone. If you would like us to utilize a different number—please provide that number below *instead of* your cell phone number.

This authorization permits us to leave messages, call or text you on the phone number that you provide below. If you provide your cell phone number, you will receive automated or prerecorded messages on your cell phone. We are required by law to advise you of this.

You do not need to sign this authorization; however, - if you do not sign this authorization, we will not be able to provide you with courtesy reminder calls, text messages or other important calls.

Patient Name: _____

Signature: _____

Signature of Parent or Guardian (if patient is a minor): _____

Phone number authorized by Patient to receive calls and message as set forth above:

Cell Phone Number: _____

Telephone Number: _____

Date: _____