



PATIENT E-MAIL AND TEXT MESSAGING REGISTRATION CONSENT FORM

Due to the changing world of healthcare and technology, Umpqua Community Health Center now has the ability to provide our patients with certain types of information via e-mail and/or text messaging. We believe strongly in protecting the privacy of our patients and do not share your personal information.

I hereby give my consent for Umpqua Community Health Center to contact me electronically via Text Message and/or E-mail. These messages will be a reminder of my previously booked appointment date and time.

Patient Name _____ **D.O.B** _____

E-mail address _____

Cell Phone _____

Patient/Parent Signature _____

Date _____

_____ I decline communication via email/text.

Patient/Parent Signature: _____ Date: _____