Columbia Internal Medicine
Text Messaging (SMS) Consent Form

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Columbia Internal Medicine offers text messaging (SMS) as a convenient and efficient way to communicate with our patients regarding important office-related matters.

By signing this form, you consent to receive text messages from Columbia Internal Medicine for **office use only**, including but not limited to:

- Appointment scheduling and reminders

- Medication refill requests and updates

- Confirmation that referrals have been sent

- Follow-up messages regarding ongoing care or treatment

- General office notifications related to your care

We will never use text messaging to transmit personal health information (PHI) such as diagnoses, test results, or sensitive medical details. **We will never share or sell your phone number or any personal information to third parties.**

All messages will be used **exclusively for communication between you and Columbia Internal Medicine** and are meant to improve the efficiency and quality of care you receive.

Implied Consent by Initiating Texts:
If you initiate a text message to Columbia Internal Medicine, this will be considered **implied consent** to communicate with you via text regarding your care and office-related matters.

Opt-Out Option:
You may opt out of receiving text messages at any time by texting the word **STOP** to our office number. If you choose to opt out, you may still receive communication via phone calls or secure patient portal messaging.

Consent Acknowledgment

☐ **Yes, I consent** to receive text messages from Columbia Internal Medicine.
☐ **No, I do not consent** to receive text messages and understand I may miss timely reminders or communication.

☐ **I understand that if I initiate a text to the office, it is considered implied consent for text communication.**

I understand that standard text messaging rates may apply based on my mobile phone carrier. I understand that I may revoke this consent at any time by texting STOP.

Signature: _____

Date: _____