HOLLAND PEDIATRIC ASSOCIATES, PLC

926 Washington Ave., Building C • Holland, MI 49423 • www.hollandpediatrics.com • P: 616.393.0166 • F: 616.393.0167

CONSENT TO LEAVE VOICEMAIL MESSAGES & NOTIFICATIONS

ADULT PATIENTS (18 YEARS OF AGE OR OLDER)

Recordary # Pertiary # NO! I do not authorize the staff at HPA to leave voicemail messages as stated above. NSENT FOR NOTIFICATIONS I section allows you to authorize HPA to deliver the following types of messages by text, email or phone call using mated phone system: appointment reminders, such as scheduled appointments, due for an appointment and sear pointments, and balance due reminders. NOTIFY ME! Choose ONE preferred method. PLEASE NOTE: If multiple methods are checked, text will be the default. Text* Number Please print clearly and check that your email is correct. Phone Call Number Type (i.e. home, cell, etc.) DO NOT NOTIFY ME! Decline/Revoke f you decline/revoke this, you will not receive appointment reminders. Date declined/revoked: Date declined/revoked: SNATURE n sections (Consent to Leave Voicemail Messages AND Consent for Notifications) need to be completed before signate and content to the part of age of content to the parents of age or older. ONLY the adult patient (18+ years of age) can signate of contents of the parents cannot sign for patients that are 18 years of age or older. ONLY the adult patient (18+ years of age) can signate of the patients of the patien		Las	st Name	Birthdate
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