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)

PATIENT NAME AND BIRTHDATE

First Name _____ Last Name _____ Birthdate _____

CONSENT TO LEAVE VOICEMAIL MESSAGES

This section allows you to authorize the staff at HPA to leave voicemail messages regarding lab work, medications and other medical information related to you.

☐ YES! I authorize the staff at HPA to leave voicemail messages as stated above.

	PHONE NUMBER	TYPE (i.e. home, cell, etc.)
Primary #	_____	_____
Secondary #	_____	_____
Tertiary #	_____	_____

☐ NO! I do not authorize the staff at HPA to leave voicemail messages as stated above.

CONSENT FOR NOTIFICATIONS

This section allows you to authorize HPA to deliver the following types of messages by text, email or phone call using an automated phone system: appointment reminders, such as scheduled appointments, due for an appointment and seasonal appointments, and balance due reminders.

☐ NOTIFY ME! Choose ***ONE*** preferred method.

PLEASE NOTE: If multiple methods are checked, text will be the default.

☐ **Text*** _____ (Number) _____ (Type (i.e. home, cell, etc.))

☐ **Email** _____ (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

If you decline/revoke this, you will <u>not</u> receive appointment reminders.

Date declined/revoked: _____

SIGNATURE

Both sections (Consent to Leave Voicemail Messages AND Consent for Notifications) need to be completed before signing.

NOTE: Parents cannot sign for patients that are 18 years of age or older. ONLY the adult patient (18+ years of age) can sign.

Name (printed): _____ (First Name Last Name) Birthdate: _____

Signature: _____ Today's Date: _____