

Authorization for Email and/or Text Appointment Reminders

*****If you would like both please fill in both authorization fields**

Clinician Name: _____

Authorization for E-Mail Appointment Reminders

I, _____ authorize Alo.ha Psych Associates, Inc. to send Appointment Reminders electronically via Email to the following email addresses.

PATIENT NAME:

EMAIL ADDRESS:

Patient/Parent/Guardian Signature: _____ Date: _____

Authorization for Text Message Appointment Reminders

I, _____ authorize Alo.ha Psych Associates, Inc. to send Appointment Reminders electronically via Text Message to my mobile phone. I understand that this service is offered free of charge, however standard text messaging rates from my mobile carrier may apply. Please activate text message reminders for the following patient/mobile phone number:

PATIENT NAME:

MOBILE #

MOBILE CARRIER:

Patient/Parent/Guardian Signature: _____ Date: _____

PATIENT NAME:

I decline to receive text/email messages at this time.
