

**Important -  
Update your COMMUNICATION preferences with  
Aldrich Medical Associates**

*Your health care is important to us. To provide you with the best possible care, we occasionally send convenient text messages to our patients about their health care.*

*You are currently set to receive text messages for appointment reminders and information about your health care treatment.*

*We look forward to providing better and more convenient communications with you via text messaging. Our goal is to provide you with relevant and useful information about your health care and the products and services we offer for improving your health. Thank you!*

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

\_\_\_\_\_ (**Patient initials**) I consent to receive text messages from the practice at my cell phone number.

I understand that this request to receive text messages will apply to all future appointment reminders/feedback/health information unless I request a change in writing. I authorize to receive text messages for appointment reminders, feedback, and general health reminders/information to the following Cell Phone number:

Cell Phone Number	(        )                      -
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I authorize to receive **email messages** for appointment reminders and general health reminders/feedback/information in the Patient Portal to the following **Email Address**:

**Please remember that text and email communication is not a secure outlet to share sensitive information.**

Signature & Date	
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