

Appointment Reminders

This form is your authorization to receive reminders at ***EITHER*** your email address, your cell phone (via a text message), ***OR*** your home phone (via a voice message) before your scheduled appointments. This is an optional service from which you can opt out (by not signing). The service is automatic and generated by the HIPAA-compliant agency at which your client information is stored – it is not generated manually by Denise Hie, therefore, if you reply to the message, Denise Hie will not receive your reply.

Your name: _____

How would you like to receive appointment reminders? (check one)

_____ Via a text message to my cell phone (normal text message rates will apply)

_____ Via an email message to the email address listed above

_____ Via an automated voice message to my home phone number listed above

OR

_____ Don't send reminders. I'll remember my appointments on my own.

Your email address: _____

OR

Your home phone number: _____

OR

Your cell phone number: _____

NOTES: (1) If requested, appointment reminders are sent as a courtesy. Missed appointment fees may still apply if, for any reason, the reminders cannot be delivered. (2) Appointment information may be classified as "Protected Health Information." By my signature, I am requesting that reminders be handled as I have noted above.

Signature

Date