

# MATHERS CLINIC, LLC CLIENT CONSENT FORM FOR TEXT USAGE FOR HEALTHCARE COMMUNICATIONS

Mathers Clinic clients may be contacted via text messaging to remind you of an appointment, provide general health reminders\*. If at any time you provide a cell phone number at which you may be contacted, you consent to receiving these types of reminders at the phone number provided to the Practice.

\* Request address updates, request feedback regarding services and to send billing related reminders.

\_\_\_\_\_ (*Client initials*) I consent to receive text messages from the practice on any cell phone numbers I provide to the practice. I understand that this consent to receive text messages will remain in effect, unless I request a change in writing (see Revocation section below).

**PLEASE NOTE:** Mathers Clinic, LLC, does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

\_\_\_\_\_  
Patient Name (*Print Clearly*) Patient DOB

\_\_\_\_\_  
Signature of Patient or Legal Guardian Date

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**Revocation ONLY:**

\_\_\_\_\_ I hereby revoke my request to receive any future appointment reminders, feedback, and general health via text messages.

\_\_\_\_\_ I hereby revoke my request to receive any future appointment reminders, feedback, and general health via email. *NOTE: This revocation only applies to communications from this Practice.*

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Signature of Patient or Legal Guardian Date



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