

GRACE GYNECOLOGY & WELLNESS, APMC

REQUEST FOR ELECTRONIC COMMUNICATIONS

By selecting a preferred method of communication, I consent to receiving appointment reminders and other healthcare communications, information, and alerts delivered to me by the provided electronic means. Examples would be notice of appointments, office closures, or to obtain feedback from a recent visit.

I understand this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept that risk and will not hold Grace Gynecology and Wellness responsible should that incident occur.

PREFERRED METHOD OF COMMUNICATION

Please select one of the following:

- phone, text, and email
- phone and text
- text message
- email
- declined- will not receive notifications

Grace Gynecology and Wellness, APMC does not charge for this service, but standard cellular data rates may apply in your wireless plan. I understand that I have the option to change my preferred method of communication at any time by calling the office at 337-522-7282.

Signature of patient or representative

date

Printed name of patient or representative

relationship to patient