



SMS Consent

I, _____, hereby consent and state my preference to have staff at Elite Dermatology communicate with me by email or standard SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, billing, appointment reminders, information about treatment alternatives or other health related benefits, services and information, in addition to other fundraising communication, that may be of interest to you.

I understand that email and standard SMS messaging are not confidential methods of communication and may be unsecure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party. I understand this authorization will remain effective for two (2) years after I am no longer a patient of Elite Dermatology and that I may revoke this authorization in writing at any time.

Signature of patient or authorized guardian

Printed name of patient or authorized guardian

Date