



### Consent for Alternative Communication Methods to Patients

This Meritas Clinic or Meritas Health Corporation may contact you for continuing care purposes, billing or to alert you to services and events that may benefit you. These communications may include (but are not limited to):

- Appointment reminders and information about upcoming visits
- Notifications of new information available on your Patient Portal
- Preventive care reminders (for example: "It's time to schedule your next physical.")
- Notifications about new services, events or health fairs sponsored by Meritas
- Patient account and billing reminders

I consent to receive communications from this Meritas clinic or Meritas Health Corporation about the care I receive and my bill at the phone number(s) I provided upon registration, including my wireless number (if provided). This Meritas Clinic or Meritas Health Corporation may contract with other organizations to manage or collect for the services provided to me. This consent extends to telephone communications by those organizations as well.

I understand that I may be charged for calls to my wireless number by my wireless carrier and that those calls may be generated by an automated dialing system, and may include pre-recorded messages. I understand that my receipt of healthcare services is not conditioned upon my agreement to be contacted by phone as described in this section. I understand that I may opt out at any time by contacting a Meritas clinic where I receive care.

Please check the boxes next to the methods you prefer to receive this information:

<input type="checkbox"/> Automated Phone Call Reminder	Phone Number: _____ <b>Circle one:</b> Landline or Cell
<input type="checkbox"/> E-mail (required for patient portal notifications)	Email Address: _____
<input type="checkbox"/> Text Message	Phone Number: _____

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

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### OPT OUT OF PREVIOUS CONSENT

I no longer wish to receive the alternate communications chosen above. Please remove my phone number(s) or email from any future communications. Please check the boxes next to those alternative communications you no longer wish to receive.

<input type="checkbox"/> Automated Phone Call Reminder	Phone Number: _____
<input type="checkbox"/> E-mail (through patient portal)	Email Address: _____
<input type="checkbox"/> Text Message	Phone Number: _____

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_