



**Mountain Health Dental Care/Mountain Health Center**

**Consent to Wireless Calls, Texts and E-Mails**

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

I consent to receive calls, texts and e-mails from the Mountain Health Center, Mountain Health Dental Care, its agents or its representatives at the numbers and e-mail address I provided during registration for the following purposes: appointment reminders, general health reminders, and patient experience surveys. Messages may be generated and sent using an automated notification system and messaging may be prerecorded and delivered. I understand that I am not required to provide this consent in order to receive healthcare services. I understand that message and data rates may apply.

I understand that I have the right to revoke this consent using any reasonable method including orally or in writing. I further understand that text messaging is not a secure means of communication.

I certify that I have read the foregoing, received a copy of this document if requested, and I am the patient or the patient's legal representative.

_____	_____
Patient Signature (or Legal Representative)	Date
_____	_____
Printed Name	If Legal Representative – Relationship to Patient