



All Primary Services			Senior/Medicare Clinic Only	
606 S. Euclid St Anaheim, CA 92802 P: (714)635-8570	2740 S. Bristol #208 Santa Ana, CA 92704 P: (714)979-5734	1510 E. 7 <sup>th</sup> St Long Beach, CA 90813 P: (562)590-9800	3325 Tyler Ave. El Monte, CA 91731 P: (626) 416-5822	201 S. Broadway Santa Ana, CA 92701 P: (714) 571-4941

## Patient Care Text Messaging-Referrals Consent Form

**Declaration:**

I consent to this medical office contacting me by text message for the purpose of notifying me about my referrals/authorizations. I understand that text messages are transmitted over the public telephone network onto a personal cell phone and as such may not be secure. I understand that due to HIPPA privacy practices, limited information will be sent and I may need to contact this medical office for more details.

I agree to advise this medical office as soon as possible if my cell phone number changes or if it no longer in my possession. I understand it is my responsibility to advise this medical office to stop texting information to the cell phone listed below.

I understand that text messages may be sent to a parent/guardian, if the child is ten and under.

I have been advised that this text messaging is limited to sending me information on my pending referrals/authorizations only. Staff will not reply back and forth by text. Patients must contact the office to discuss any changes or any other issues related to their authorizations. This office reserves the right to discontinue text messaging at any time.

Full Name: \_\_\_\_\_ DOB \_\_\_\_\_  
(\_\_\_\_) Initial Consent (\_\_\_\_) Update

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If Parent/Guardian is signing for a child 10 years old or under, please state your relationship:

\_\_\_\_\_

Mobile Telephone Number: \_\_\_\_\_

Home Telephone  
Number: \_\_\_\_\_

**NOTE: ONE FORM PER PATIENT-CONSENT MUST BE SIGNED BY PATIENT UNLESS A CHILD 10 YEARS OR UNDER.  
May2016-Text Ref.**