

Consent to Receive Electronic Communications

As a means to facilitate patient engagement and serve you better, Core Physicians, LLC, would like your permission to contact you, either directly or through a business associate, via an automated dialing system and/or text message. Examples of the type of communications you may receive include but are not limited to appointment reminders, office closure alerts due to weather, and patient satisfaction surveys.

I consent to receive phone calls and text messages to the phone numbers provided to Core Physicians, LLC as part of the registration process or through other means. I understand such communications may be generated by an automated dialing system and may contain artificial or prerecorded messages and standard telephone minutes, text/data charges may apply.

I understand that I may opt-out of receiving electronic communications by notifying Core Physicians in writing.

Patient's Printed Name

____/____/____
Patient's Date of Birth

Signature (Patient or Authorized Representative)

____/____/____
Today's Date

Relationship of Authorized Representative (Parent, Guardian or Healthcare Agent)