**Patient Contact Consent Form**

**Partners in Endocrinology**

**Dr. Jyothi Mamidi juarez**

**713-929-0043/fax: 713-929-0044**

**205 E. Medical Center Blvd**

**Webster, TX 77598**

**1920 Country Place Pkwy, suite 300**

**Pearland, TX 77584**

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

Guardian/Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To comply with the Telephone Consumer Protection Act (TCPA) our office is required to receive consent for sending appointment reminders and messaging by SMS mobile texting or voice telephone calls.

Please indicate your consent below by checking the box by each statement you agree with and then select which method of communication you prefer.

[ ] SMS mobile texting reminders and messaging.

[ ] Voice reminders and messaging.

[ ] Decline consent.

Preference: SMS mobile texting or Voice. Circle one.

If you have any questions please call Partners in Endocrinology at (713) 929-0043.

You may update and/or change your preference of how to contact you at anytime by completing a new consent form or by putting your request in writing and submitting it to Partners in Endocrinology

Patient/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_