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APPOINTMENT NOTIFICATION

The practice, as a courtesy, calls or sends text messages to patients to remind them of their appointments (typically two days in advance of the scheduled appointment). I would like to extend this courtesy to you and request your permission to do so. Unless otherwise indicated, we will call your home phone number.

I, (please print name) _____, hereby **give** permission for the office to call my home and leave a reminder message with me, those in my household, or on my answering machine. I also give permission to receive text messages. I understand this consent can be terminated at any time by alerting the staff in writing.

I, (please print name) _____, **DO NOT** give permission for the office to call my home to leave reminder messages via phone or text. I understand I may elect this option in the future by alerting the staff in writing.

Patient Signature* _____ Date _____

Legal Guardian Name** _____

Legal Guardian Signature** _____ Date _____

*If patient is **14 or older**, patient must sign all paperwork and add legal guardians to their HIPAA.

If patient is **13 or under, a legal guardian must sign all paperwork.

If you have any questions, please ask our staff.