



## **Authorization for Use of Answering Machine, or Cell Phone Numbers & Email for Appointment Reminders**

I, \_\_\_\_\_ (name of patient), authorize North Florida OB-GYN to provide detailed information to me concerning appointments:

**Please complete and check all that apply:**

- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ **Home answering machine number**
  
- \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ **Cell phone number**  
(We may text appointment reminders if your cell phone is provided to our office)
  
- \_\_\_\_\_ **Email address for web portal**

**This consent to will remain in effect until revoked in writing.**

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Signature Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date