



Patient Email and Text Message Consent Form

As part of the virtual care management services provided by [PC Entity Name] (“CoachCare”), patients may have the ability to receive certain types of information via e-mail and/or text messaging. If you wish to receive information via e-mail and/or text messaging, please read and complete the form below.

We are committed to protecting the privacy of our patients. When you provide the information below to CoachCare, it is only used to communicate with you as described below and as outlined in our [Privacy Policy](#). All names, e-mail addresses, and/or telephone numbers of patients are protected in accordance with applicable privacy laws.

E-mail and text messaging are not secure methods of communication and personal health information communicated over these methods may not be encrypted or secure. By providing the information below you acknowledge the risks inherent to receiving communications via such methods and agree to receive communications, including communications with may involve your personal health information, by e-mail and/or text messaging as indicated below.

Name: _____

E-mail Address: _____

Cell Phone #: _____

Please Check **one** of the following:

Yes, please sign me up to receive both e-mail and text messages regarding my treatment and account.

Yes, please sign me up to receive e-mail messages only regarding my treatment and account. I do not consent to receive text messages.

Yes, please sign me up to receive text messages only regarding my treatment and account. I do not consent to receive e-mail messages.

I do not consent to be contacted by either e-mail or text message.

If indicated by your selection above, you expressly consent to allow CoachCare and our healthcare practitioners to communicate with you via email or text messaging (SMS and/or MMS) regarding Personal Data (as defined in our [Privacy Policy](#)) or matters related to your health care and healthcare-related services using the contact information you have provided. If you have consented to text messaging, your phone carrier’s normal rates may apply.



In addition to communications related to your current healthcare services, CoachCare may identify additional services, programs, or offerings that you may be interested in. If you would like to receive information regarding such offers, please indicate below:

Yes, I consent to receiving marketing communications regarding new healthcare service offerings, treatments, or wellness programs by telephone and the email or text messaging methods indicated above. I understand and acknowledge that phone calls and text messaging may be sent using automatic telephone dialing systems or an artificial prerecorded voice message.

I do not consent to receiving marketing communications regarding new healthcare service offerings, treatments, or wellness programs.

This consent is not a condition of purchase, and you may revoke this consent at any time by emailing us at support@coachcare.com.

BY CLICKING "I AGREE," YOU ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THE TERMS PRESENTED ABOVE, AND BY ACCEPTING THESE TERMS, YOU GIVE YOUR INFORMED CONSENT TO RECEIVE E-MAIL AND/OR TEXT MESSAGES FROM COACHCARE UNDER THESE TERMS (UNLESS YOU CHOOSE NOT TO RECEIVE EITHER AS INDICATED ABOVE).

I Agree

[OPTIONAL: I ACKNOWLEDGE I HAVE READ AND UNDERSTAND THE TERMS PRESENTED ABOVE, AND BY ACCEPTING THESE TERMS, I GIVE MY INFORMED CONSENT TO RECEIVE E-MAIL AND/OR TEXT MESSAGES FROM COACHCARE UNDER THESE TERMS (UNLESS I CHOOSE NOT TO RECEIVE EITHER AS INDICATED ABOVE).

By: _____

Name: _____

Date: _____]