



CHILD'S NAME:

DATE OF BIRTH:

APPOINTMENT REMINDERS DATA PRIVACY POLICY

I, _____ (Print), hereby authorize "Summit Center" to send messages via email or text message for the purpose described below. No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the below options exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

I agree to receive the following types of messages: (check all that apply)

- Appointment reminders
- Child specific information from my provider
- Cancellation notices
- Clinic wide messages regarding upcoming events and community offerings

I prefer to receive messages via: (check all that apply)

- Text - Cell phone number _____
 - By checking this box I consent to receiving SMS messages from Summit Center for Child Development, Reply STOP to Opt out. Reply HELP for Customer Care Contact Information. Message frequency varies. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages.*
- Email - Email address _____

I have read and acknowledged the above Privacy Policy.

Parent/Guardian (Print): _____

Signature: _____

Date: _____

Note to Office Managers:

Confirm that the E-mail and Cell Phone provided above match the information on the patient information screen.