PATIENT COMMUNICATION OPT-IN FORM

Please fill out the following information to opt in for text and email communication.

Full Name: _____

Phone Number _____

Email Address _____

Text Messaging Opt-In:

By opting in, you agree to receive recurring messages which may include appointment reminders, important updates and requests for feedback in the form of reviews and/or surveys, via text message from Fayetteville Children's Clinic at the phone number provided. Standard messaging rates may apply, and message frequency may vary.

_____ **I consent and opt in to receive informational text messages like those listed above from Fayetteville Children's Clinic.**

*You can opt out at any time by replying "STOP" to any message. Please note that messaging is not a secure form of communication, and we recommend discussing any sensitive or personal information during your office visits. We do not share/sell your information for marketing or promotional purposes. Contact us at 910-484-3121 for help. Thank you for choosing Fayetteville Children's Clinic, P.A.

*No mobile information will be sold or shared with third parties for promotional or marketing purposes. We may share your Personal Data, including your SMS opt-in or consent status, with third parties that help us provide our messaging services, including but not limited to platform providers, phone companies, and any other vendors who assist us in the delivery of text messages.

Please return this form to our office or submit it online via our portal. If you have any questions or need assistance, please contact us using the information provided above. Thank you for choosing Fayetteville Children's Clinic, P.A. We look forward to serving you.

By signing below, I consent and opt in to receive optional text messages from Fayetteville Children's Clinic, P.A.

_____ _____

Signature **Date**