



# alpine **chiropractic**

## **Consent to receive SMS**

By signing below and supplying my phone number, email address, and any other personal contact information, I authorize Alpine Chiropractic Center to use SMS messaging to communicate with me regarding scheduled or missed appointments, patient waitlist and recall, account balance notifications and statements, as well as other Protected Health Information. I authorize Alpine Chiropractic Center to use an automated outreach and messaging system for certain reminders and notifications. I consent to receive multiple and/or recurring SMS messages and understand that messaging frequency varies and messaging and data rates may apply. Alpine Chiropractic Center will not share or sell any of the above information with any third parties.

out. Your Opt-out request may generate a confirmation text.er with questions and text STOP to that number to Opt-

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_