



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.

For Text Message Services, text HELP to the sending number with questions and text STOP to that number to Opt-out. Your Opt-out request may generate a confirmation text.

Signature: _____

Date: _____

Printed Name: _____