

Consent to Email or Text Usage Form

Consent to Email or Text Usage for Reminders and Other Healthcare Communications: Clients on the McLennan County Indigent Health Care Program (CIHCP) may be contacted via email and/or text messaging to alert or remind of information pertaining to the CIHCP program or your case status.

If at any time I provide an email or text address at which I may be contacted, I consent to receiving reminders and other healthcare communications/information at that email or text address from this department.

____ (Clients Initials) I consent to receive text messages from McLennan CIHCP on my cell phone and any number forwarded or transferred to that number or emails to receive communication as stated above. I understand that this request to receive emails and text messages will apply to all future reminders/feedback/health information unless I request a change in writing (see revocation section below).

The cell phone number that I authorize to receive text messages for reminders, feedback, and general health reminders/information is_____.

The email that I authorize to receive email messages for reminders and general health reminders/feedback/information is_____.

In the event your phone number changes, it is your responsibility to provide the McLennan CIHCP with your new phone number.

This department does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Client Name (Print) _____

Client Signature _____

Date _____

Revocation:

____ *I hereby revoke my request for future communications via email and/or text messages.*

____ *I hereby revoke my request to receive any future reminders, feedback, and general health via email.*

Note: *This revocation only applies to communications from McLennan CIHCP.*

Client Name: _____

Client/Client Representative Signature: _____

Date: _____

Time: _____