



Place Patient Name Label Here

## AUTHORIZATION TO SEND TEXT MESSAGES

By signing this form, I authorize Mott Children's Health Center to send text messages to my cell phone informing me of important information related to my child/children's appointments. I understand that standard text messaging rates may apply to any messages received from Mott Children's Health Center. I also understand that I, or Mott Children's Health Center may revoke this permission in writing at any time. I agree not to hold Mott Children's Health Center liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my cell phone number and/or cell provider changes I will inform the applicable department at Mott Children's Health Center.

You are not required to authorize the use of text messaging and a decision not to sign this authorization will not affect your child's health care in any way. If you prefer not to authorize the use of text messaging, we will continue to use U.S. Mail or the telephone to communicate with you.

- I accept and **DO** want to receive text messages.
- I decline and **DO NOT** want to receive text messages at this time.

This authorization will remain in effect until revoked in writing by me.

Name: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Representative Signature

\_\_\_\_\_  
Date

Mott Children's Health Center does not discriminate on the basis of race, color, national origin, sex, age or disability in its health programs and activities.

SPANISH - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-810-600-5183 (TTY: 1-844-578-6563).

ARABIC - خدمات فأن، اللغة اذكر تتحدث كنت إذا: ملحوظة 1-018-006-3815 رقم(والبكم الصم هاتف 1-3656-875-448). برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة