

Name:
DOB:
Chart:
Date:
Survey Sent: _____
Prov / Doctible ID: _____

TEXT MESSAGE AND EMAIL AUTHORIZATION FORM

Northern Virginia Ophthalmology Associates now has the capability to text and email patients regarding past, present, and future appointments. By opting-in below, you will authorize our staff and/or third parties (business associates) acting on behalf of Northern Virginia Ophthalmology Associates to send you text messages and/or emails using the information you provide below. At no time will your email address or phone number be used to promote any services or products from Northern Virginia Ophthalmology Associates or our business associates. The nature of the text messages and emails that are sent to you may be related to **appointment reminders, scheduling reminders, scheduling updates, office hour updates, billing matters, and requests for feedback** on your completed appointments. **Electronic communications related to medical records and other matters will only be sent through our secure Patient Portal.**

Your selections and information on this form will remain valid unless another form is completed by you.

We will make every effort to ensure a secure delivery of text messages and emails to your chosen mobile phone number and/or email address. However, since these text messages and emails will not be encrypted, the communication sent from us or our business associates to you may be intercepted by a third party, including (but not limited to) individuals with access to your text messages and individuals with access to your email account. So, by opting-in to receive text messages and emails from us, should a communication that is sent to the provided phone number or email address be intercepted, you agree to absolve Northern Virginia Ophthalmology Associates and its employees and business associates of any responsibility for the interception.

Patients are not required to opt-in to receive text messages or emails from us. Additionally, the quality and availability of care that we provide will not be impacted by a patient's decision to opt-in or opt-out of receiving such communication.

Lastly, a patient may opt-in or opt-out of receiving electronic communications from Northern Virginia Ophthalmology Associates or our business associates who are acting on our behalf at any time by completing a new authorization form. However, any information that is already en route to the patient prior to processing an updated consent form may still be sent using the information provided below.

Opt-In: I agree to the above terms and authorize Northern Virginia Ophthalmology Associates to send me **(check all that apply):**

Text messages to: _____

Emails to: _____

My preferred method of contact for electronic communications is (please only choose one):

Text message

Email

Patient / Guardian Signature

Date

Opt-Out: I do not authorize Northern Virginia Ophthalmology Associates to send me text messages and/or emails.

Patient / Guardian Signature

Date