



REDDY Family Medicine

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AUTHORIZATION TO SEND TEXT MESSAGES CONTAINING HEALTH INFORMATION

I authorize and direct Reddy Family Medicine, LLC, to communicate with me via unsecured text messaging for the purpose of sending appointment reminders at _____ (cell phone number). I understand the text messages are unsecure while in transit between Reddy Family Medicine and me. Reddy Family Medicine does not and cannot ensure the information will not be lost, compromised, or hacked while in transit, and I knowingly accept this risk. I understand that standard text messaging rates will apply to any messages received from Reddy Family Medicine. I also understand that I may revoke this permission in writing at any time. I have reviewed and I understand this Authorization. I also understand that the information communicated pursuant to this Authorization may no longer be protected under federal law if lost, compromised, or hacked in transit. Unless revoked earlier, this Authorization shall remain in effect until my death.

OPT OUT: _____ I do not authorize Reddy Family Medicine to send me text messages.

Dated _____, 20_____

_____ Date of Birth: _____
(Print name)

(Signature)

Reddy Family Medicine will not condition our provision of services or treatment to you on the receipt of this signed authorization.