

## **TRAVERSE HEALTH CLINIC AUTOMATED MESSAGES INFORMATION**

Traverse Health Clinic offers electronic communication to contact our patients. Specifically, we are able, if you agree by completing and signing this form, to send an automated (Robo) call or text to your cell/wireless phone, or an automated (Robo) call to your land line at home.

***We use automated calls or texts to your cell phone or an automated call to your land line phone at home to:***

- remind you of and confirm appointments
- let you know about health matters, or if you are due for a health service, like immunizations or a flu shot
- let you know if your prescription has been sent to the pharmacy
- let you know of upcoming events that may relate to your health

***We DO NOT Use Electronic Communication With An Automated Message For:***

- advice about a personal health matter
- prescribing or changing medication

***If there is a personal health issue to discuss with you, one of the clinical staff members will contact you; it will not be an automated call.***

**There Are Several Things That Could Happen If Traverse Health Clinic Sends You An Automated Call or Text Message.** Several of those are:

- Someone other than you could read your text message or listen to the voice message on your phone if that other person has access.
- There may be a cost to you to receive the phone message or text (refer to your phone plan).

**Patient Acknowledgement & Agreement to Receive Automated Phone Voice and/or Text Messages**

1. I have read or had this information explained to me and I understand it.
2. I understand it is my choice to use or not use this type of communication.
3. I understand that there may be a cost to me to receive a phone message or text.
4. I understand that I can stop this type of communication whenever I want to by calling Traverse Health Clinic at 231-935-0799 and telling staff I wish to stop.
5. This agreement does not end unless Traverse Health Clinic stops providing this type of communication or you inform us that you no longer wish to receive these messages.
6. I understand that I will get the same care at Traverse Health Clinic whether I sign or do not sign this form.

**TRAVERSE HEALTH CLINIC  
AUTOMATED MESSAGES CONSENT**

**I agree to use the following electronic services.** (Please write your initials next to each service that you agree to use)

\_\_\_\_\_ Automated phone message (Cell phone or land line)

\_\_\_\_\_ Text messages (Cell phone only)

Preferred phone number for all electronic messaging services \_\_\_\_\_

\_\_\_\_\_ I do not want to use any of these services

**Preferred Language** (circle one)    English            Spanish

**Preferred Time to Call**

- Morning
- Afternoon
- Evening

\_\_\_\_\_  
**Print Patient's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Patient's Personal Representative Name**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Signature of Personal Representative**

\_\_\_\_\_  
**Date**

**IF VERBAL CONSENT IS GIVEN OR DENIED, STAFF SHOULD SIGN AND DATE BELOW:**

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