

Family Choice Pediatrics, Inc.
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Los Alamitos, CA 90770
Tel. (562) 431-6548 Fax (714) 761-2086
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COMMUNICATION POLICY AND CONSENT FORM

Patients in our practice may be contacted via email, phone calls, voicemail and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, to provide general health reminders/information and to communicate with you.

I consent to receiving appointment reminders and other healthcare communications/information on my cell for calls, voicemails and/or texts and/or my email from Family Choice Pediatrics, Inc.

Patient's Name: _____ Date of Birth: _____
Patient's Name: _____ Date of Birth: _____
Patient's Name: _____ Date of Birth: _____
Patient's Name: _____ Date of Birth: _____

The emails that I authorize to receive email messages are:

1. _____
2. _____
3. _____
4. _____

The cell phone number that I authorize to receive text messages/phone calls/ and, or voicemail is:

I understand that this request to receive emails, phone calls, voicemail and /or text messages will apply to all future communication including appointment reminders, health information and feedback unless I request a change in writing.

Parent's or Legal Guardian's Name (Print): _____

Parent's or Legal Guardian's Signature: _____

Date: _____