

WILLAMETTE VALLEY FAMILY CENTER, LLC

610 Jefferson Street Oregon City, Oregon 97045

Phone: (503) 657-7235 Fax: (503) 657-7676

Email: office@wvfc.net

On March 15th, 2019 we will begin sending out automated calls/text messages to remind you of your appointments. There is no charge from our office for these calls. The only charges would be those fees from your phone service provider. Please read the following information to determine if you would like to receive reminders this way. We will not be using email for reminders, as they would need to be encrypted to be HIPAA compliant, and lack privacy/security.

Reminders would be left during normal business hours and only monitored during those same hours. This is not for emergency, critical or crisis messages. Only send confirmation or cancellation responses. Rescheduling will need to be done through a call to our regular office receptionist. The 24-hour cancellation policy will still be in effect. We will not call/text third parties and ask that you do not forward any reminders.

**It is important to be aware that electronic communications can be relatively easy to access by unauthorized people and therefore can compromise the privacy and confidentiality of such communication. Please be aware of who has access to your phone. Please make sure you have password protection on your phone. We will only be sending brief messages, (time of appointment and doctor's name). With this in mind, please sign below to notify us if you wish to use automated reminders, or if you prefer to continue having a reminder call placed by our office staff.

_____ (Patient/Parent's Initials) I consent to receiving automated messages from WVFC for appointment reminders at the number listed below:

Option 1: _____ (initial) By Text to the following number: _____

Option 2: _____ (initial) By Automated Voice Message to the following number: _____

Option 3: _____ (Initial) I do not wish to receive text/automated message and would like to continue receiving a reminder call from your office staff.

Option 4: _____ (initial) I do not wish to receive any reminder calls.

I understand that this request will apply to all future reminder calls unless I request a change in writing.

Child's Name (if minor): _____

Patient/Parent's Signature: _____ Date: _____

Printed Name: _____