Periodontal Centers of Rochester

Authorization to Contact Me About My Care

Greece · Webster

Please complete and sign if you would like us to contact you about your care and treatment. Signing this form is not a condition of receiving treatment, and your care is unaffected either way.

First Name _____ Last Name _____

Mobile Telephone Number _____

Email Address _____

Please tick the ways we may contact you

☐ **Text message.** I authorize Periodontal Centers of Rochester to contact me via text on the number provided above. Message frequency varies. Standard message and data rates may apply. Reply STOP to opt out, HELP for assistance. View our Privacy Policy and SMS Terms & Conditions for more details.

☐ **Telephone.** I authorize Periodontal Centers of Rochester to contact me by telephone on the number provided above about my care, including by calls that use an automated or recorded voice. I may withdraw this authorization at any time by telling the practice.

What this means

- You can stop the messages at any time by replying STOP to any text, by unsubscribing from any email, or by telling us.
- Our Privacy Policy and SMS Terms and Conditions are on our website, and a printed copy is available at the front desk on request.

What we will send you

Messages from us are about your care at this practice. They may include:

- Appointment reminders and confirmations
- Messages about your examination and treatment we have discussed with you
- Other messages relating to your care with us

We will not send you advertising.

Signature	Date

For office use

Date received	Received by (initials)

If offered and not completed, please indicate why: ☐ Patient declined ☐ Communication barriers ☐ Other: _____