



Communication Authorization Form

This is a communication authorization form. By signing the form below you are authorizing Mountain Laurel Dermatology to communicate with you by phone, email, or text. Email and text would only be for appointment reminders. You have a right to revoke this authorization at any time.

By supplying my home telephone number, mobile telephone phone number, email address, or other personal contact information, I consent to Mountain Laurel Dermatology's (MLD) use (including through a third-party outreach and messaging system using an automated or pre-recorded voice and provided by Modernizing Medicine, Inc. or one of its affiliates ("MMI"), which is MLD's electronic health record and practice management system provider or a subcontractor of MMI) of such information, the name of my health care provider, the time and place of my scheduled appointment(s), and other relevant information (and to disclose such information to the provider of the automated outreach and messaging system), for the purpose of notifying me of a pending appointment, a missed appointment, an overdue wellness exam, balances due to MLD, lab results, and any other health care treatment, payment or administrative matter. I consent to receiving multiple such messages per day. I consent to allowing detailed messages being left on my voice mail, answering system, or with another individual answering the telephone at any such number. I understand and acknowledge that the mobile phone carrier or other companies providing my telecommunications services may charge me fees for such calls and text messages. I understand that text messages are unencrypted and there is risk that text messages could be read by an unintended third party while in transmission to me. MLD, MMI and MMI's affiliates and subcontractors are not responsible for any unauthorized access to my information while in transmission to me. I acknowledge this risk and still consent to receiving the messages described above. I understand that I may cancel this consent and opt out of receiving such communications by responding accordingly to such messages or notifying MLD.

This authorization will remain in effect until revoked by the patient.

Patient (Authorized Representative) Signature

Date

(Revised 8/2019)