

Email/Text Correspondence Permission Form

Patient Name: _____

Email: _____

Cell #: _____ Cell Service Provider: _____

- Yes, I would like to receive text message appointment reminders.
- No, I would NOT like to receive text message appointment reminders.
-

Yes, I would like to receive email correspondence for the following interests:

- | | |
|--|---|
| <input type="checkbox"/> Appointment reminders | <input type="checkbox"/> Doctor's Announcements |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Children's Wellness |
| <input type="checkbox"/> Women's Wellness | <input type="checkbox"/> Exercise & Fitness |
| <input type="checkbox"/> Diet & Nutrition | <input type="checkbox"/> Headaches & Neck Pain |
| <input type="checkbox"/> Backaches & Sciatica | <input type="checkbox"/> Office Newsletters |

No, I would NOT like to receive email correspondence.

Your security is our first priority.

We think your information belongs to you. We have a strict do-not-sell policy that we take very seriously. This means that no one else has access to your personal account information, subscriber details, or contact list. It's that simple.

You may unsubscribe or change your subscription settings at any time by contacting our office by phone at (360)253-6674, fax at (360)253-8670 or email at drpettet@comcast.net.

Signed: _____