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**Communications Consent Agreement**

[Insert name, address and contact information of Provider]

**CONSENT TO COMMUNICATIONS**

1. This form describes the healthcare service provider’s (“Provider”) communication methods and includes:
	1. Your consent to the specified communication methods adopted by Provider
	2. Your agreement to be contacted *at any time* via a mobile device, phone call, SMS messages, e-mail and any other kind of communication specified by Provider, on the condition  that these communications comply with privacy regulations.

1. By electronically clicking “Agree” at the end of the Communications Consent Agreement, you explicitly accept the specified communication terms set forth below.

**COMMUNICATION METHODS**

1. You consent to the following communication methods:
2. Appointment Reminders
3. Clinical Reminders (e.g. Immunizations, Care Plans, Preventive Care)
4. Clinical Communications (e.g. Results, Encounter Notes)
5. Provider Business Changes (e.g. New Doctors, Location Changes, Fee Changes, Hours of Operation)
6. New Patient-Provider Messages
7. Prescription Refill Status
8. Telehealth Visit Information

1. You agree that Provider can reach you *at any time* via
2. Patient Portal Secure Messaging
3. Phone Call (incl. Automated IVR)
4. Texting (SMS Messages) Communication
5. Live Chat Communication
6. Mobile Phone Communication
7. E-Mail Communication
8. Mail via Postal Service

1. If your mobile number, as listed by Provider is utilized for more than one patient, you understand that all SMS communications as consented to above will be sent to that number.

**CONTACT INFORMATION CHANGE**

1. You further accept that you are responsible for notifying the Provider when your contact information changes.

**CONSENT CANCELLATIONS**

1. You can revoke this Communications Consent Agreement at any time by contacting the Provider.

By clicking “Agree” below, you confirm that you have read and understood the Communications Consent Agreement and hereby accept all the terms and conditions contained herein.

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