

Fidalgo Island Pediatric Occupational Therapy Services

Patient Email and Text Messaging Approval Form

Due to the changing world of healthcare and technology, we now have the ability to provide our clients with certain types of information via email and/or text. We strongly believe in protecting the privacy of our clients. When you provide this information to us it is only used as a way to communicate with you. Our office does not share email addresses, phone numbers or names with any other company or patient.

Please print all information:

Name of Client: _____

Name of Parent (if client is a child): _____

Email address: _____

Cell Phone: _____

I hereby give permission for our office to send messages via text and/or email as a means of communication. This permission shall remain in effect until revoked by the client or parent in writing.

Signature

Date