

Eugene: 992 Country Club Rd, Ste 101 Eugene, OR 97401 (541) 687-1715
Springfield: 1110 18th St, #3 Springfield, OR 97477 (541) 726-6447
Cottage Grove: 315 S. Pacific Hwy Cottage Grove, OR 97424 (541) 942-0176

Text and Email Communication

Patient Name: _____ Date of Birth: _____

Mobile Phone Number: (____) _____ Email: _____

We have recently acquired a new messaging system for our reminder calls and text messages, and in doing so we are obligated by recent federal law changes to obtain your signed consent to continue communicating via text, email, or automated call.

By providing your mobile phone number and email to Eugene Eye Care/Advanced Eye Care, you are agreeing to be contacted by or on behalf of the Clinic by our business partner, Vital Interaction, Inc. Contact includes emails, text messages, calls to your mobile phone or other wireless devices, as well as the use of an automatic telephone dialing system, artificial voice and pre-recorded messages for the purpose of providing clinic services (i.e.; administration, billing, and debt collection). Text communication is unencrypted and does come with inherent risk of inadvertent disclosure, but we will never intentionally share the information provided to any third party. We may share data with trusted partners to help us provide clinical services (Pharmaceutical companies, other healthcare providers, and insurance providers), and all such third parties are prohibited from using your personal information except to provide these services and are required to maintain the confidentiality of your information. We will disclose personal information, without notice, only if required to do so by law.

You may opt out of receiving text messages from the Clinic or its business partners at any time by replying with the word STOP from the mobile device receiving the messages. Consenting to receive notifications is not a requirement for you to receive care at our practice. However, by opting out of this you are acknowledging that this may impact your experience with any service(s) which rely upon communications via text messaging or email.

Please initial your selection below

_____ **YES**, I agree to receive e-mail AND text notifications from Eugene Eye Care.

Would you like to opt-in today? You will receive a verification text later to sign you up

_____ **NO**, I do not consent to receive text or email notifications. (We will only contact you via phone call)

Print Patient's Name: _____ Date: _____

Relation to Patient: _____

Patient's Signature: _____

Parent or Guardian's Signature: _____