



OPTIMUM CARE THERAPY
PHYSICAL THERAPY, CHIROPRACTIC SERVICES & SPORTS MEDICINE

Consent for Photographing or Other Recording for Security and/or Health Care Operations

_____ I consent to photographs, videotapes, digital or audio recordings, and/or images of me being recorded for security purposes and/or the hospital's health care operations purposes (e.g., quality improvement activities). I understand that the facility retains the ownership rights to the images and/or recordings. I will be allowed to request access to or copies of the images and/or recordings when technologically feasible unless otherwise prohibited by law. I understand that these images and/or recordings will be securely stored and protected. Images and/or recordings in which I am identified will not be released and/or used outside of the proactive without a specific written authorization from me or my legal representative unless otherwise required by law.

Consent to Receive Text Messages or Emails about Appointment Reminders:

Patients in our practice may be contacted via email or text messaging to remind you of an appointment.

_____ I consent to receive text messages from the practice at my cell phone and any number forwarded or transferred to that number or emails to receive appointment reminders. I understand that this request to receive text messages will apply to all future appointment reminders unless I request a change in writing. The cell phone number that I authorize to receive text messages for appointment reminders is _____ (Pls. specify carrier) AT&T TMobile Verizon Sprint Other

The email that I authorize to receive text messages for appointment reminders is _____.

Optimum Care Therapy does not charge for this service, but standard text messaging rates may apply as provided in your wireless plan (contact your carrier for pricing plans and details).

Revocation

I hereby revoke my request for future communications via email and/or text.

_____ I hereby revoke my request to receive any future appointment reminders via text messages.

_____ I hereby revoke my request to receive any future appointment reminders via email.

NOTE: This revocation only applies to communications from this practice.

Patient Name: _____

Patient/Patient Representative Signature: _____ Date _____