



## Let's connect!

What's your preference: text, email and voice mail?

The attached form asks you to authorize your chosen "communication settings." Please select the various ways you will allow Cook Children's to send you information about your child's primary and/or specialty care visits.

This includes:

- Appointment reminders
- Test results
- Office information
- Emergency closures and cancellations (available via text only)

### How to select your preferred communication settings:

1. Complete the attached consent form in a Cook Children's office.
2. Once you complete the form, return it to the front desk staff.

### Things to note:

1. Your selection pertains to ALL Cook Children's communication. For example: if you complete a form in your primary care office that states you would like communication via email, any communication regarding your Cook Children's specialty care appointments or tests at the medical center also will be sent to you via email.
2. Cook Children's uses text messages exclusively to notify families of emergency cancellations and office closures. If you opt out of text messages, this would prevent you from receiving a text if we have to cancel your appointment with short notice, due to a weather event or another type of emergency.

If you have any additional questions or concerns, please ask our front desk staff.



**Authorization to Send Voicemail, Email, and Text Messages**

In addition to the information contained within Cook Children's Acknowledgement of Privacy Practices, I give permission for Cook Children's personnel to communicate with me in the ways indicated below for reasons related to my/my child's health care. I realize that I might not be the only person to hear a voicemail message about me/my child and that emails and text messages will be unencrypted so there is some risk that the information in emails and/or text messages could be read by a third party.

You may authorize us to communicate with you in any, all, or none of the following ways and any authorization you grant will be considered good until otherwise revoked by you:

**VOICEMAIL**

**Yes**, I give my permission to leave messages on my home answering machine and/or cell phone for reasons as stated above.

\_\_\_\_\_ **Home number** for messages

\_\_\_\_\_ **Cell phone number** for messages

**No**, do not leave messages about me/my child on my home answering machine and/or cell phone.

**EMAIL**

**Yes**, I give my permission to send me emails for reasons as stated above.

\_\_\_\_\_ **Email address** for messages

**No**, do not send me email messages about me/my child.

**TEXT MESSAGES**

**Yes**, I give my permission to send me text messages for reasons as stated above.

\_\_\_\_\_ **Number** for text messages

**No**, do not send me text messages about me/my child.

Please choose Yes or No for each type of communication above and complete the area below, including signature.

\_\_\_\_\_  
Patient name (please print)

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature of patient or patient's legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of authorized representative

\_\_\_\_\_  
Relationship to patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date