

PATIENT COMMUNICATION CONSENT FORM

At **Ophthalmology Associates of San Antonio**, we strive to provide you with excellent care and timely communication. By signing this form, you consent to receive messages from **Ophthalmology Associates of San Antonio** regarding your scheduled and unscheduled appointments through the following methods:

- Email
- SMS (Text Messages)
- Phone Calls

Consent Details:

- By providing your contact information, you agree to receive communications from **Ophthalmology Associates of San Antonio** related to appointment reminders, scheduling updates, and other relevant notifications.
- **SMS Messages:** You may receive text messages that include appointment reminders and updates. Message frequency may vary. Standard message and data rates may apply.
- **Opt-Out Option:** You can reply **STOP** at any time to opt out of receiving further text messages from **Ophthalmology Associates of San Antonio**. For additional support, you may reply HELP or contact our office directly at **210-223-5561**.
- **Privacy Policy:** For more information about how we protect your information, please review our privacy policy available on our website at www.opthalmologysa.com

Patient Acknowledgment:

I understand that message and data rates may apply, and that I may opt out of receiving text messages at any time by replying **STOP**. I also acknowledge that I have been informed about **Ophthalmology Associates of San Antonio** privacy policy.

I consent to receive communications from **Ophthalmology Associates of San Antonio** through the contact information I have provided.

Patient Name/Responsible Party (Print)

Signature

Date