

## **Telephone Consumer Protection Act (TCPA) Opt In Consent form**

Center for Hormonal Health and Well-Being and Practice Fusion utilize an automated patient notification system to quickly and efficiently notify patients of their upcoming appointment.

You must “opt” in to consent to receive automated communications on your mobile device.

You can revoke this consent at any time.

Please take a moment to fill out this consent form to receive these messages.

I, \_\_\_\_\_ (printed patient name/guardian name), give Center for Hormonal Health and Well-Being and Practice Fusion permission to contact me via wireless telephone for automated phone calls, SMS text messages and/or emails. By signing, I certify that I am the owner of the wireless phone and/or email designated as the primary contact on the patient information form.

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Cell Phone number for the above

\_\_\_\_\_  
Date