



## CONSENT FOR TEXT MESSAGING COMMUNICATION

In an effort to relay Normal results faster to our patients we have implemented Electronic Medical Records.

I understand that in order for David I. Lubetkin MD, LLC. to leave detailed messages containing specific medical information on my voicemail or answering machine, I need to give my permission to David I. Lubetkin MD, LLC.

I further understand that in order for David I. Lubetkin MD, LLC. to text detailed messages containing specific medical information to my cell phone, I need to give my written express permission to David I. Lubetkin MD, LLC. I also understand that my healthcare information at David I. Lubetkin MD, LLC. is protected and a copy of the Notice of Privacy Practices is available upon my request.

### Consent for Messages

I give my written express consent to David I. Lubetkin MD, LLC. to leave detailed messages on my voicemail/answering machine about my NORMAL lab results, diagnostic and/or imaging results, prescription information, or appointment reminders.

- No abnormal results will be communicated via our automated system.

Patient Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Cell #: \_\_\_\_\_  
*(this number will be used for messaging)*

*It is my responsibility to keep this information up to date, as I recognize that my information may change over time. This consent will be considered valid until such time that I revoke it. I reserve the right to revoke it at any time. I understand that I must provide written notice in order to revoke this consent.*