

Bliss Speech and Hearing Services, Inc.
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Phone: (972) 387-2824 • FAX: (972) 387-9097 • www.blisspeech.com

CONSENT FOR EMAILS/TEXT MESSAGES

Patient Name: _____

Email and text messaging allows Bliss Speech and Hearing Services, Inc. to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email and text messaging are not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission.

If you would like us to send you email and/or text messages that contains your personal information, please complete and sign this Consent below. You are not required to authorize the use of email and/or text messaging and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email and/or text messaging we will continue to use U.S. mail or telephone to communicate with you.

Additionally, when communicating by phone, we realize there will times you cannot answer our call. If we are unable to reach you, we should:

_____ leave a detailed message

_____ leave a message asking you to return our call

Email address to which Bliss Speech and Hearing Services, Inc. may send YOU your personal information
(please print)

Phone number to which Bliss Speech and Hearing Services, Inc. may contact you.

Patient Signature: _____ Date: _____