COLORADO RETINA

PATIENT COMMUNICATION CONSENT FORM

At Colorado Retina Associates, we strive to provide you with excellent care and timely communication. By signing this form, you consent to receive messages from Colorado Retina 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 Colorado Retina 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 Colorado Retina. For additional support, you can reply **HELP** or contact our office directly at 303-261-1600.
- **Privacy Policy:** For more information about how we protect your information, please review our privacy policy available on our website at https://www.retinacolorado.com/

Patient Acknowledgement:

I understand that message and data rates may apply, and that I can opt out of receiving text messages at any time by replying **'STOP'**. I also acknowledge that I have been informed about Colorado Retina's privacy policy.

I am opting to receive Text / Email / Phone Call communications from Colorado Retina by providing my contact information and signing below:

Print Patient's Name: _____

Mobile Number (if different from Demographic page): _____

X_____ SIGNATURE of Guarantor/Responsible Party

If Legal Representative, provide relationship to Patient: _____