

**Gill Family Medicine**  
**Consent To Receive Electronic Communications**

I hereby agree to receive communications from or on behalf of Gill Family Medicine, P.C. for any purpose that are sent through electronic means, including, but not limited to, auto-dialed, SMS text, and/or pre-recorded marking messages at the telephone number and email address provided below, including my cellular phone number as applicable. I acknowledge that standard message and data rates may apply and that this consent may be revoked at my written request. I understand that although Gill Family Medicine, P.C. has implemented reasonable security safeguards, we cannot guarantee the security of information sent electronically, I acknowledge that there may be some level of risk that information sent via an unencrypted text message could be read by a third party, and by signing below I accept this risk. I understand that I am not required to sign this consent in order to receive services from Gill Family Medicine, P.C.

- I consent to Gill Family Medicine, PC communicating with me via text message:  
The cell phone number is: \_\_\_\_\_ . My cell phone carrier is: \_\_\_\_\_ .
- I decline Gill Family Medicine communicating with me via text message
- I consent to Gill Family Medicine, PC communicating with me via email:  
The email address is \_\_\_\_\_ .
- I decline Gill Family Medicine communicating with me via e-mail.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date