



Patient Consent to Receive Text Messages and Email Notifications

PATIENT INFORMATION

FIRST FIRST NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
MOBILE PHONE NUMBER	EMAIL ADDRESS	

PURPOSE OF NOTIFICATIONS

By completing this form, you authorize ACCU Reference Medical Lab to send notifications via text message and/or email to the contact information provided above. These notifications may include:

- Appointment reminders
- Test results ready for viewing
- Important updates about your laboratory services
- Billing and payment reminders

PATIENT CONSENT FOR TEXT MESSAGES

By signing below, I agree to receive text messages from ACCU Reference Medical Lab and understand that message/data rates may apply depending on my mobile carrier. I acknowledge that:

- Text message notifications may contain limited health information.
- I may reply “STOP” at any time to opt out of future text messages.
- This consent is valid until I withdraw it in writing or by replying “STOP” to a text message from ACCU Reference Medical Lab
- My information will be handled in accordance with privacy laws, including HIPAA, and will not be shared without additional consent.

PATIENT CONSENT FOR EMAIL COMMUNICATIONS

By signing below, I agree to receive email communications from ACCU Reference Medical Lab. I understand and acknowledge that:

- Email notifications may contain limited health information.
- I may request to opt out of future email communications by contacting ACCU Reference Medical Lab 908-474-1004.
- This consent is valid until I withdraw it in writing or by contacting ACCU Reference Medical Lab.
- My information will be handled in accordance with privacy laws, including HIPAA, and will not be shared without additional consent.

Signature: _____

Date: _____

OPT-OUT OPTIONS

FOR TEXT MESSAGES

Reply “STOP” to any text message or contact us at 908-474-1004.

FOR EMAILS

Contact ACCU Reference Medical Lab at 908-474-1004 or email to unsubscribe@accureference.com to withdraw your consent.