



SOUTHERN CALIFORNIA ALLERGY

ALLERGY | ASTHMA | IMMUNOLOGY

Office: 818-990-9155 | Fax: 818-990-9167
www.southerncaliforniaallergy.com

Patient Authorization for Email and SMS Text Communication

Southern California Allergy will use email and SMS text messages for appointment related notices, general notification purposes, account statements, experience surveys, and emergency purposes only. Message frequency will vary. The patient can directly update their communication preferences at any time by logging into their patient portal.

Email communications from Southern California Allergy are on an encrypted server. Southern California Allergy is not responsible for emails reaching any unintended recipients.

I acknowledge that I will inform Southern California Allergy of any changes of email address(es) or phone number(s).

I understand that message and data rates may apply for calls and/or SMS texts by my wireless carrier, and that I'm able to reply HELP or STOP to opt out.

My signature below acknowledges that I have read Southern California Allergy's Authorization for Email and SMS text communication and accept the business Privacy Policy and Terms and Conditions, in addition to consenting to receiving such communication as outlined below.

Place check marks to indicate your communication preferences.	Text	Email
I consent to receive appointment related reminders and confirmations.		
I consent to receive patient campaign and marketing information. <i>Consent is not a condition of purchase.</i>		
I consent to receive appointment related reminders and confirmations.		
I consent to receiving patient experience surveys.		
I consent to receiving statement notifications.		
I consent to receive telehealth notifications.		

Acknowledgement	
Patient First and Last Name	Date of Birth:
Signature of Patient or Responsible Party:	Date: