



CONSENT TO LEAVE VOICEMAIL MESSAGES & NOTIFICATIONS

CHILDREN

List all children (under the age of 18) that are patients at Holland Pediatric Associates, PLC (HPA):

First Name	Last Name	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONSENT TO LEAVE VOICEMAIL MESSAGES

This section allows you to authorize for the staff at HPA to leave voicemail messages regarding lab work, medications and other medical information for my children listed.

☐ **YES!** I authorize the staff at HPA to leave voicemail messages as stated above.

	PHONE NUMBER	TYPE (i.e. home, dad's cell, grandma's home, etc.)
Primary #	_____	_____
Secondary #	_____	_____
Tertiary #	_____	_____

☐ **NO!** I do not authorize the staff at HPA to leave voicemail messages as stated above.

CONSENT FOR NOTIFICATIONS

This section allows you to authorize HPA to deliver the following types of messages by text, email or phone call using an automated phone system: appointment reminders, such as scheduled appointments, due for an appointment and seasonal appointments, and balance due reminders for my children listed.

☐ **NOTIFY ME!** Choose **ONE** preferred method.

PLEASE NOTE: If multiple methods are checked, text will be the default.

<input type="checkbox"/> Text	_____	_____
	Number	Type (i.e. mom's cell, etc.)
<input type="checkbox"/> Email	_____	
	Please print clearly and check that your email is correct.	
<input type="checkbox"/> Phone Call	_____	_____
	Number	Type (i.e. home, dad's cell, etc.)

☐ **DO NOT NOTIFY ME!** Decline/Revoke

If you decline/revoke this, you will not receive appointment reminders.

Date declined/revoked: _____

SIGNATURE

Both sections (Consent to Leave Voicemail Messages AND Consent for Notifications) need to be completed before signing.

NOTE: Step-parents cannot sign for step-children. ONLY biological/adoptive parents and legal guardians can sign.

Name (printed): _____ Relationship to Patient(s): _____
First Name Last Name

Signature: _____ Today's Date: _____