
Communication Consent Form

I understand that Envision Eye Specialists can reach me any time to remind me of my appointments or let me know in case of any change to my account or appointments. I also understand that the Envision Eye Specialists can employ and use a third-party automated system to reach out to me for any purposes including but not limited to: Appointment confirmations, rescheduling appointments, cancellations, balance on accounts, etc.

By signing this form, you consent that Envision Eye Specialists can provide their services and communicate with me via phone call, text messages, e-mail, and any kind of online communications, provided that these communications comply with privacy regulations.

Please list below your cell phone number and email address you would like to receive notifications to:

Cell phone: _____

Home Phone: _____

Email: _____

Patient Signature: _____

Date: _____