

ALL STAR PEDIATRICS, LLC

Patient Name (s) & DOB _____

PERMISSION FOR ALL STAR PEDIATRICS LLC TO CONTACT PATIENT/FAMILY

Please **INITIAL** the following form indicating your contact preferences. We will use the contact information that you provide on your patient demographic form or in the computer system (should you update your information via the portal). Please note that you can choose to opt out at any time from any of the following forms of communication and that your ability to become a patient or remain a patient is not dependent on your answers below. Please also note that should you choose to be contacted via text, phone call or email, you may receive more than one contact per day if you have more than one child receiving services or if we send out an important practice information call/text/email at the same time as you or your child is receiving a reminder concerning an upcoming appointment. Important practice information may include changes to the schedule due to holidays/weather, notices that the schedule for a particular month has opened, general medical notices, and changes to the website that affect patient care or your ability to contact the office. This information is sent either via our staff or via an automated system.

Please note that you need to let us know immediately either via the portal or by calling the office should you have a change in your contact information (phone number or email) or a change in the manner in which you would like to receive notices. You also need to let us know if you desire to OPT OUT and have been unsuccessful doing it automatically via the instructions provided at the time of the contact by calling or writing the office.

Appointment Reminders (For Scheduled Appointments) & Important Practice Information

_____ I choose to have All Star Pediatrics send me text reminders for upcoming appointments and important practice information. Name of Contact _____

_____ I choose to have All Star Pediatrics call me for reminders for upcoming appointments and important practice information. Name of Contact _____

_____ I choose to have All Star Pediatrics email me for reminders for upcoming appointments and important practice information. Name of Contact _____

_____ I do not wish to have any reminders for upcoming appointments or important practice information.
Name of Contact _____

Reminders for Schedule Openings

_____ I choose to receive a reminder when the All Star schedule opens and my child is due for an appointment. I understand that this reminder may be sent via the contact information above OR via email. I understand that the practice is transitioning to an all email system for this notice & that if I do not provide an email, I will stop receiving the notices once the transition is complete. I am requesting that the following email receive these notices after the system transitions _____

I HAVE READ THE ABOVE INFORMATION AND AGREE TO BE CONTACTED AS INDICATED ABOVE

Patient/Parent/Guardian Signature

Date