ChesPenn Health Services
Your Community Health Center

By providing my mobile number below, I authorize **ChesPenn Health Services** to send me text (SMS) messages regarding:

- Appointment Confirmations, Reminders and Scheduling
- Billing Notifications
- Care Coordination and General Health Reminders

I understand that text messaging is not a secure form of communication and may pose privacy risks. Messages may include limited protected health information (PHI), such as my name, appointment details, or other necessary care-related information.

I acknowledge that:

- Text messaging may not be fully secure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- I am not required to consent to receive text messages to obtain treatment.
- I may opt out at any time by replying **STOP** or contacting the health center.
- Message and data rates may apply.
- Text messages are not for medical emergencies. In an emergency, call 911.

☐ I consent to receive text messages from ChesPenn Health Services

Mobile Number: _____

Patient/Legal Guardian Name: _____

Signature (Electronic or Written): _____

Date: _____