

Mobile Phone Consent Form

Please Check One:

Yes, Children's Hospitals and Clinics of Minnesota and its affiliates or contractors may call my mobile phone number recorded at Children's about my care, treatment, services, and accounts using prerecorded messages, automatic telephone dialing systems and/or text messages.

No, I do not authorize Children's Hospitals and Clinics of Minnesota and its affiliates or contractors to call my cell phone number about my services and accounts using prerecorded messages, automatic telephone dialing systems and/or text messages.

I understand and accept each of the following:

- **Costs.** Standard text message and minute usage rates from my mobile or internet service provider may apply.
- **Privacy and Security.** Receiving voice and text messages from Children's may impact the privacy and security of protected health information (PHI). Voice and text messages are not encrypted. Encryption makes sure information stays safe. Information in voice or text message may not be secure.
- **Revocation.** This consent to receive voice or text messages on my mobile phone will be in effect until I have notified Children's that I no longer want to receive messages on my mobile phone. I will let Children's know if I no longer want to receive messages on my mobile phone.
- **Number Change.** I will let Children's know if my mobile number changes.

Patient Name: _____

Date: _____

Guardian Signature: _____

Print Guardian Name: _____

Relationship to Patient: _____

Name of Interpreter (if used): _____

Verbal consent obtained by (Name/Date/Title): _____



PLACE PATIENT LABEL HERE