

Email and Text Message Registration

At Metro Dermatology, we are always striving to improve communication and prioritize convenience for our patients and their parents. We would like to communicate with you via email and text messaging for **ADMINISTRATIVE PURPOSES**. Examples of this type of information are listed below. It is important to note that this type of communication is not always secure. Emails and Text Messages can be intercepted. For this reason, **WE DO NOT COMMUNICATE PERSONAL HEALTH INFORMATION VIA EMAIL OR TEXT MESSAGE**.

Email Communication

Our Practice uses email, sent from [.com](#) (is this the correct address?), to communicate with patients and parents of patients about the following:

1. Office information: (including but not limited to) information about changes in office hours, holiday schedules and weather delays.
2. Public Health News: (including but not limited to) information about recalls or infectious diseases.
3. Services available at our office.
4. Reminders when you or your child is due for a service: reminder to schedule a complete skin exam .

Text Messaging

Our Practice also uses text messaging to communicate with patients and parents of our patients. You will receive a text message from (what number?) We use text messaging to communicate with you about the following:

1. If you or your child has a test sent out from our office, we can text you when the results are available. You will receive a message similar to the following: "We need to get in touch with you - please call us at (201)886-9000 .
2. Occasional Public Health News and Reminders similar to email communications will be communicated to you by text message.

Please fill out the information below to sign up for Email and Text Messaging communication from our office:

For Patients 18 Years and Older:

Your Name: _____

Your Email Address: _____

Your Cell Phone: _____

Would this person like to receive text messages (as described) from our office? Yes / No

For Patients 17 Years Old and Younger:

Please designate a Primary Contact to receive communications regarding the dependents' care. If Primary Contact is also a patient at our office and is same as above, please indicate here.

Primary Contact's Name: _____

Primary Contact's Email Address: _____

Primary Contact's Cell Phone: _____

Would this person like to receive text messages (as described) from our office? Yes / No

Your Signature: _____

Date Signed: _____