



Opt-In Text Messaging

I, _____, hereby consent and state my preference to have my physician, Dr. Sonika Gupta, and other staff at Alamo Diabetes and Endocrinology communicate with me by email or standard SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing.

I understand that email and standard SMS messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party.

Patient Name or Parent/Legal Guardian

Patient Name or Parent/Legal Guardian Signature

Date