



**Consent Form for Text Messaging (SMS) Scheduling and Appointment Reminders**

**I give permission consent to receive text messages (SMS Messages) from Baptist Community Health Services.**

As part of this consent, you represent and warrant the following:

- (1) Baptist Community Health Services may send text messages in various formats and with various contents, including but not limited to, text messages about appointment reminders.
- (2) You are the owner or authorized user of the mobile phone number identified below. You will notify us immediately if you are no longer the owner or authorized user of the mobile phone number identified below.
- (3) You are solely responsible for any message and data charges associated with such text messages.
- (4) You understand that message frequency will vary.
- (5) You understand that you can reply STOP to unsubscribe at any time.
- (6) You understand that by opting in to receive text messages from BCHS, these messages are subject to BCHS privacy policy and terms and conditions, available at <https://bchsnola.org/BCHS-SMS-Terms-of-Use-Privacy>

If you do not wish to receive text messages from Baptist Community Health Services, you should not sign this form.

\_\_\_\_\_  
Printed Name                      Date of Birth

\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Signature