

Clinical Communication Consent Form

We update patient records to keep them accurate and ensure you receive quality care.


Please take a moment to complete this form and if you need any help, our team will be happy to assist you.

Instructions: Please complete all required fields and tick (✓) or mark (✗) in the for multiple-choice questions.

Patient Details

 **First name** _____  **Last name** _____

 **Date of birth** ____ / ____ / ____  **Phone** _____

 **Email:** _____

Communication Consent

Your doctor or our team at Signal Health Newton may contact you via SMS and/or email with important healthcare information, including:

- Appointment reminders
- Clinical information (e.g., test results or follow-up instructions)
- Health reminders from your doctor (e.g., routine screenings, vaccinations, or chronic disease management)

If you choose to opt out of these communications, you will not receive appointment reminders, test result notifications, or health reminders from your doctor or our team via SMS or email.

You can update or revoke your consent at any time by notifying our admin team.

I consent to receiving SMS reminders, messages, and emails as described above Yes No

I want to provide the same consent for my following children under the age of 16:

Child's name: _____ **DOB:** ____ / ____ / ____

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Would you like us to register your provided email for our website to receive emails about our practice news and updates? Yes No

Who is completing this form?

I am the patient I am the patient's parent, legal guardian or substitute decision-maker

 **Full Name:** _____

 **Signature:** _____ **Date:** ____ / ____ / ____

Please remember to keep your contact details up to date and ensure your devices are secure. It is your responsibility to follow up on your results and appointments.