

## Consent to Receive Emails & Phone Text messages from Atlas Medical Consultants via Emitrr and eClinicalWorks

Patient Name	Date of Birth
aucht Name	Date of Birth
be contacted by or on behalf of the clinic and its b including emails to your email address and text (S devices, and the use of an automatic telephone d	il address to Atlas Medical Consultants, you are agreeing to business partner, Emitrr, eClinical Works, identified below, SMS) messages to your mobile phone and other wireless dialing system, artificial voice and pre-recorded messages, offered by Atlas Medical Consultants and its business
Providing an email address is necessary to receiv appointment services.	re communication from our patient portal and other patient
replying with the word STOP from the mobile devi consent for text (SMS) messages to receive any s opting out of receiving text messages (SMS) may	es from the clinic or its business partners at any time by ice receiving the messages. You do not need to provide this services from the clinic. However, you acknowledge that impact your experience with the service(s) that rely on eknowledge that you can withdraw your consent for receiving by speaking or writing to our office.
Yes, Email notification only	Yes, Email and Text (SMS) message notifications
Date:	
Patient Signature:	
Staff Signature:	