



An Affiliate of  UnityPoint Health

## Greene County Medical Center Text Messaging Consent Form

By signing below, I consent that Greene County Medical Center can provide their services and communication with me via SMS and/or RCS text messages, provided that these communications comply with privacy regulations. By providing my consent, I agree to receive recurring appointment-related text messages from Greene County Medical Center at the mobile number I provide. This consent is not a condition of receiving care or services.

**Appointment Reminders, Reschedules, and Cancellations:** I understand that Greene County Medical Center can reach me at any time to remind me of my appointments or let me know in case of any changes about my appointments. I also understand that the Greene County Medical Center can employ and use a third-party automated system to reach me for the purposes of confirming, rescheduling, or cancelling my appointments. Message frequency varies. Message and data rates may apply. Note, this consent data will not be shared with any third parties for marketing/promotional purposes.

**Contact Information Change:** I accept that I am responsible for notifying Greene County Medical Center when my contact information changes.

**Consent Cancellations:** I know that I can revoke this consent at any time by texting "STOP" or "END" to Greene County Medical Center. Upon opting out, I will receive a final confirmation message confirming I have been unsubscribed. I accept that I am responsible for any message and data rates that may incur. Reply HELP for help or contact patient support at [insert number or email].

[Privacy Policy Link](#)

[SMS Terms Link](#)

I consent to receiving informational text messages from Greene County Medical Center related to my care.  Yes  No

Signature: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_