

TEXT REMINDER

I request that Boca Raton Psychiatric Group send me an appointment reminder texts to the following cell phone number: _____

I understand that the text will say the name of the clinician I am seeing as well as the office phone number.

I understand that this is just an added assistance and that if for some reason I do not get the text, I am still responsible for keeping the appointment and for informing BRPG of any changes in my phone number.

Signature

Print

Date

HIPAA PRIVACY PRACTICES

PLEASE LET THE FRONT OFFICE KNOW IF YOU WOULD LIKE A COPY OF OUR HIPAA PRIVACY PRACTICES.

PLEASE PRINT AND SIGN YOUR NAME

I, _____ (print name) have been offered a copy of Boca Raton Psychiatric Group's Privacy Practices.

Signature

Date

Witness

Date

(Our Notice of Privacy Practices is subject to change. If you would like to check on an update in the future, please contact us.)