



Patient Communication Consent Form

At Snead Eye Group, we strive to provide you with excellent care and timely communication. By signing this form, you consent to receive messages from Snead Eye Group, regarding your scheduled and unscheduled appointments through the following methods:

- **Email**
- **SMS (Text Messages)**
- **Phone Calls**

Consent Details:

- By providing your contact information, you agree to receive communications from Snead Eye Group, related to appointment reminders, scheduling updates, and other relevant notifications.
- **SMS Messages:** You may receive text messages that include appointment reminders and updates. Message frequency may vary. Standard message and data rates may apply.
- **Opt-Out Option:** You can reply **STOP** at any time to opt out of receiving further text messages from Snead Eye Group,. For additional support, you may reply **HELP** or contact our office directly at 304-760-6336
- **Privacy Policy:** For more information about how we protect your information, please review our privacy policy available on our website at <https://sneadeye.com/privacy-policy/>.

Patient Acknowledgment:

I understand that message and data rates may apply, and that I may opt out of receiving text messages at any time by replying **STOP**. I also acknowledge that I have been informed about Snead Eye Group, privacy policy.

I consent to receive communications from Snead Eye Group, through the contact information I have provided.

Patient Name: _____

Date of Birth: _____

Phone Number to receive SMS messages: _____

Email: _____

Signature: _____

Date: _____