INDIANA UNIVERSITY SCHOOL OF OPTOMETRY
EMAIL AND TEXT COMMUNICATION AUTHORIZATION

Indiana University School of Optometry (IUSO) eye care clinics offer patients the convenience of email or text message appointment reminders. Appointment reminders sent via email or text messaging are not secure and there is a risk the messages could be intercepted and ready by someone other than the patient. IUSO will not send you electronic communication without your authorization on this form.

I authorize IUSO to email me regarding appointment reminders and patient portal set up. ☐ Yes ☐ No

I authorize IUSO to text message me regarding appointment reminders. ☐ Yes ☐ No

☐ I do not want to receive appointment reminders by email or text message and revoke any previous authorization to do so. I understand I will receive appointment reminders by phone call only.

- I understand that I have the right to revoke this Authorization at any time by indicating so above. If I want to revoke this authorization, I must do so in writing and address it to the entity that I had previously authorized to disclose my information.
- I understand that if I revoke this Authorization, it will not apply to any information already released as a result of this authorization.
- I understand that this Authorization is voluntary and that I may refuse to sign it.
- I also understand that the institutions or individuals named above cannot deny or refuse to provide treatment, payment, membership or eligibility for the benefits if I refuse to sign this Authorization.
- I understand only a minimum amount of information will be included and this authorization is for communication of appointments reminders and patient portal set-up. The appointment reminders will include: First name and date, time and location of appointment.
- I understand that, once information is disclosed pursuant to this Authorization, the information may no longer be protected under the HIPAA Privacy and Security Rules.

I have read and understand this Authorization and agree that email/text messages may include protected health information about me/the patient, whenever necessary.

_____ _____
Patient/Representative's Signature Today's Date

_____ _____ _____
Printed Name Relationship to Patient Today's Date