Why are we asking for your authorization to contact you by cell phone? There are times when our healthcare providers may need to reach you on an immediate basis to discuss diagnostic test results, medications, after care instructions or other time-sensitive matters. We also may need to contact you to obtain insurance, payment or other demographic information relating to your account or to schedule appointments. To improve the quality and safety of care that you receive as well as to enhance your patient experience, we will contact you to conduct a short survey for which you have the right to opt out. For these important reasons, we are asking you to provide us with a cell phone number. If you do not have a cell phone or do not wish to be contacted via cell phone, then you must provide us with a landline phone number.

I, ______________________, hereby consent to the Hospital, Outpatient Facility, Clinic or Practice personnel, now or hereinafter involved in my care, calling or leaving me a message on the cell phone I currently use (including auto-dialed and/or pre-recorded messages) even if that cell phone is under contract to another person who is my relative, friend or household member. I agree to provide my current cell phone number to the Hospital, Outpatient Facility, Clinic or Practice. I further agree to notify the Hospital, Outpatient Facility, Clinic or Practice immediately of any change in my cell phone number. I understand that Hospital, Outpatient Facility, Clinic or Practice is part of the MaineHealth system of healthcare providers, and my consent to cell phone contact extends to all other Hospitals, Outpatient Facilities, Clinics and Practices in the MaineHealth system that may be involved in matters related to my care, including my treatment, payment of my bill or payment of a bill which I have guaranteed, or healthcare operations. This consent includes calls that are forwarded to my cell phone from a landline telephone and texts sent to my cell phone. I intend for this consent to be binding on those persons who are acting on my behalf.

This consent for authorization of cell phone contact shall remain valid until revoked by the patient or authorized representative.

__________________________________________  _______________  _______________  ____________________________
Signature of Patient or Authorized Representative  Date  AM|PM  Witness Signature

__________________________________________  _______________  _______________  ____________________________
Interpreter Printed Name  Interpreter Signature (if available)  Date  Time