

**AUTHORIZATION FOR CELL PHONE CONTACT**

Page 1 of 1

Patient Name: _____ MRN: _____ DOB: _____ Treatment Location: _____
---

**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, aftercare 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 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.

Additionally, I understand that it may be necessary for the Hospital, Outpatient Facility, Clinic or Practice to send the following one-way text notifications in the event of patient or visitor on-site restrictions during future patient encounters:

- Text notification response to you or your authorized representative to inform you to “enter the building” upon you notifying staff via telephone that you have arrived at the site and currently are in the parking lot;
  - Text notification response to you or your authorized representative to contact the appropriate pre-procedure department to undergo required laboratory or imaging testing before your scheduled surgery or other procedure;
- OR
- Text notification response to your authorized representative to inform them that you are recovering from surgery or another procedure.

I hereby represent that I have obtained the express permission of my authorized representative for the Hospital, Outpatient Facility, Clinic or Practice to text him or her for the above purposes and to include the name and cell phone number of my authorized representative in my medical record for such purposes.

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 that 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 for healthcare operations. This consent includes calls or voice mail messages 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 individuals 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.

_____	_____	_____ AM PM	_____
Signature of Patient or Authorized Representative	Date	Time	Witness Signature

_____	_____	_____	_____ AM PM
Interpreter Printed Name	Interpreter Signature (if available)	Date	Time