

## **Text Message Opt-Out Request**

CalvertHealth Medical Group (CHMG) wants to communicate with patients in a user-friendly way and offers text messaging for engagement with patients. As included in our Patient Privacy Policy, text messaging from CHMG could be for purposes of: convenient appointment reminders, registration and clinical information intake, etc.

If we have a cell phone number on file for you, we may use that number to send you text messages. You can choose to NOT receive text messages by completing the following information and submitting it to your CHMG physician's office.

Information for	r Patient Opt-Out		
Patient First Na	me*	Patient Last Name*	
Patient Date of	Birth*		
Address Line 1*	k		
Address Line 2			
City*	State*	Zip Code*	-
Cell number to	be removed from Text Messages* _		
Reason for opti	ng out (optional)		***************************************
			*Required Field
Patient or Guar	dian Signature	Date	
Print Name of Individual Signing		Relationship if NOT Self/I	Patient
	For CHMG Use only		]
	Date Received:	_ Date input into EHR:	
	Name Processed By:		