



**PATIENT EMAIL AND TEXT MESSAGING REGISTRATION FORM**

I authorize Corvallis Medical Group LLC dba Corvallis Pain Management to communicate with me by email and unsecured SMS messaging regarding my medical care, which may include, but not be limited to, test results, prescriptions, appointments and billing.

I understand that email and text messaging are not confidential methods of communication and may be unsecured. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party.

Corvallis Medical Group LLC dba Corvallis Pain Management does not share the names, e-mail addresses, and/or telephone numbers of patients with any other company, or with any other patients.

Please print all information:

Name:

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E-mail address:

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Cell phone :

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- Yes, please sign me up to receive email and text messages
- I do not wish to be contacted via email. ( Text messaging only)
- I do not wish to be contacted via text message. ( Email only)
- I do not wish to be contacted by either text or email.

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Signature

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Date