



Electronic Communication Consent Form

I consent that Stride Healthcare can provide their services and communicate with me via mobile phone, messages, e-mail and any kind of online communications, provided that these communications comply with privacy regulations.

Appointment Reminders, Reschedules and Cancellations

I understand that Stride Healthcare can reach me any time to remind me of my appointments or let me know in case of any change about my appointments. I also understand that Stride Healthcare may employ and use a third-party automated system to contact me for the purpose of confirming, rescheduling or cancelling an appointment.

Telemedicine Appointments

For telemedicine, I understand the appointments will be held via electronic environments.

Contact Information Change

I accept that I am responsible for notifying Stride Healthcare when my contact information changes.

Consent Cancellations

I know that I can revoke this consent at any time by contacting Stride Healthcare.

I consent to the use of mobile phone communications, including calls and text messages (please circle one).

Yes No

I consent to receive electronic notifications for confirming, rescheduling or cancelling my appointments (please circle one)

Yes No

Print Patient's Name

Patient (or Patient's Representative) Signature

Date

Your Name (if not Patient)

What is your relationship to Patient?