



HILO BENIOFF MEDICAL CENTER  
 HONOKA'A HOSPITAL  
 KA'U HOSPITAL  
 Y. OKUTSU STATE VETERANS HOME

HAWAII HEALTH SYSTEMS CORPORATION

Patient Label

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## COMMUNICATION CONSENT FORM

### Consent to Email, Voicemail, Phone-call and/or Text Message for Appointment Reminders and Other Healthcare Communications:

Patients in our East Hawaii Region may be contacted via phone, email and/or text messaging to remind you of an appointment, to obtain feedback on your experience with our healthcare team, enrollment in our patient portal, and to provide general health reminders/information.

\_\_\_\_\_ (*Patient initials*) I consent to receive voicemail, email, and/or text messages from the practice at my cell phone and any number forwarded or transferred to that number.

\_\_\_\_\_ (*Patient initials*) I do NOT consent to any of the forms of contact stated above.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_