



NEW DAY
HEALTH AND HORMONES

Communication Consent

This document outlines your consent for New Day Health & Hormones to communicate with you via text messages and phone calls regarding your healthcare, appointments, and services. You may opt out at any time. Please see our privacy policy at <https://newdayhealthandhormones.com/privacy-policy-2/>. Please read the following carefully and indicate your preference below.

Consent to Receive Text Messages

By signing this form, you authorize New Day Health & Hormones to send you text messages (SMS/MMS) to the mobile number provided below for purposes including, but not limited to:

- Appointment confirmations and reminders
- Updates regarding office hours or cancellations
- Lab result notifications (when appropriate and secure)
- Information about your care plan or services
- Billing and payment reminders

Detail	Information
Mobile Phone Number	<hr/>
I consent to receive text messages	[<input type="checkbox"/>]
I do not consent to receive text messages	[<input type="checkbox"/>]

Important Note:

- Standard text messaging and data rates from your mobile carrier may apply. New Day Health & Hormones is not responsible for any charges incurred.
- Reply **STOP** to any message to opt-out of future text messages at any time.
- Text messages are not a substitute for professional medical advice, diagnosis, or treatment. For emergencies, please call 911 immediately.
- While we take steps to protect your privacy, text messages are inherently less secure than other forms of communication. We will not share your information with third parties.

Consent to Receive Phone Calls

By signing this form, you authorize New Day Health & Hormones to contact you via phone call, including through the use of an automated telephone dialing system or prerecorded voice, to the number(s) provided below for purposes including, but not limited to:

- Scheduling or rescheduling appointments
- Discussing lab results or clinical care
- Follow-up questions related to your health
- Billing inquiries

Detail	Information
Primary Phone Number	<hr/>
Secondary Phone Number	<hr/>
I consent to receive phone calls	[<input type="checkbox"/>]
I do not consent to receive phone calls	[<input type="checkbox"/>]

Acknowledgment and Signature

I acknowledge that I have read and understand the terms of this Communication Consent form. I confirm that I am the subscriber or customary user of the phone number(s) provided and have the authority to consent to receiving communications at this number.

This consent is valid until revoked in writing by me. To revoke consent, please contact the office directly at 515-666-4224 or email our Administrative Assistant at frontdesk@newdayhealthandhormones.com.

Signature Details	Information
Patient/Guardian Name (Printed)	
Patient/Guardian Signature	
Date	