

FACULTY GROUP PRACTICE CELL PHONE CONTACT FORM



I understand that as a service to its patients, NYU Langone (Faculty Group Practice) provides bill pay reminders to patients that may be placed using a prerecorded message or text message. By providing my cell phone number to NYU Langone and signing below, I am giving consent to receive these calls or text messages at the number maintained in my NYU Langone medical record. I understand that if my cell phone number is updated at NYU Langone, I will receive the calls or text messages to the new number, unless I have opted out as described below. I also understand that this consent will apply to any NYU Langone Faculty Group Practice office that may use this service.

I GIVE CONSENT for NYU Langone to contact me regarding bill pay reminders on my cell phone.

I DENY CONSENT for NYU Langone to contact me regarding bill pay reminders on my cell phone.

I understand that I can opt-out at any time by emailing my name and date of birth (for verification) to NYUPhysicianServices@nyulmc.org, submitting a message via MyChart, or by providing written notice to: NYU Langone Physician Services, PO Box 415662, Boston, MA 02241

Patient (Parent/Guardian) Signature

7-11-18
Date