



Authorization/Consent to Call

Patient/Guardian Name: _____

Phone (cell): _____

Phone (home): _____

Additional Family Members: _____

By signing this agreement, I am authorizing Quality Healthcare Clinic, LLC to deliver automated phone calls to the number(s) listed above using an automatic telephone dialing system or an artificial prerecorded voice for purposes of appointment reminders, appointment scheduling or other informational phone calls; and

Signing this agreement is not a required condition of receiving any services provided by Quality Healthcare Clinic, LLC. I am aware that by not signing this agreement, I will not receive any automated or artificial prerecorded voice telephone calls from Quality Healthcare Clinic, LLC.

This agreement is in accordance with the Telephone Consumer Protection Act administered by the FCC (Federal Communications Commission).

Patient/Guardian Signature

Date

Witness Signature

Date