



Capital City Foot & Ankle, LLC

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Consent to Receive Automated Appointment Reminders

Patient Name: _____ DOB: _____

Email: _____

Phone: _____

Preferred Method of Automated Communication: (circle all that apply)

Email

Voice Message

Text Message

By signing below, I consent to Capital City Foot & Ankle, LLC and its affiliates to contact me by automated email, voice message, and/or SMS text message for appointment reminders and other healthcare communications/information. I understand that message/data rates may apply to messages sent by Capital City Foot & Ankle, LLC or its affiliates under my cell phone plan. I know that I am under no obligation to authorize Capital City Foot & Ankle, LLC or its affiliates to send me emails, voice messages, or text messages and I may opt-out of receiving these communications at any time by calling the office @ 614-451-7033. I understand that email, voice messaging, and/or text messaging is not a secure format of communication and there is some risk information contained in such communication may be misdirected, disclosed to, or intercepted by unauthorized third parties. Information included in emails, voice messages, and text messages may include your first/last name, date/time of appointments, name of physician, and physician phone number, or other pertinent information. By signing below, I indicate I am the primary user for the email address and/or mobile phone number listed, I accept the risk explained above and consent to receive emails, voice message, and/or text messages via automated technology from Capital City Foot & Ankle, LLC and its affiliates to the contact information that I have provided.

Signature: _____

Date: _____