PATIENT TELEPONE CONSENT FORM

In an effort to comply with the new updates of the Telephone Consumer Protection Act ("TCPA"), our office provides a choice at the patient request, whether to authorize patients to be contacted via telephone.

I ____ authorize Pediatric Care Associates

I ____ **DO NOT** authorize Pediatric Care Associates

To contact me by telephone for the purposes of reminding me of future appointments, parent education information, physician/nurse follow up calls, lab results, insurance, and any other phone calls relating to patient care.

Thank You

Pediatric Care Staff

Date: __________________________________

Front Desk Initials: __________________________________