



Revocation – Use this area to document revocation of a previous form of communication.

___ I hereby revoke my request to receive future appointment reminders or healthcare updates via text.

___ I hereby revoke my request to receive future appointment reminders or healthcare updates via email.

Patient signature _____ Date requested: _____

Reminder — Keep information to the minimum necessary and encrypt emails and texts whenever possible

HIPAA Acknowledgement of Receipt of the Notice of Privacy Practices

This form does not constitute legal advice and covers only federal, not state, law.

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