

Wakulla Urgent Care and Diagnostic Center
41 Feli Way, Crawfordville, FL 32327
(850) 926-3140- Phone
(850) 926-3163- Fax

TELEPHONE CONSUMER PROTECTION ACT (TCPA) OPT IN CONSENT FORM

The Telephone Consumer Protection Act (TCPA), requires all patient's to **“opt in” to receive automated communications on their mobile device.** This means you must provide express consent to receive general messages through automated calls and SMS text messages on your mobile device(s).

LEGAL CONSENT:

I, _____(PRINTED name) give Wakulla Urgent Care and its staff permission to contact me via my cellular device for automated phone calls and SMS text messages for general messages.

Signature & Date

Phone Number/Cellular Service Provider

PARENT OR LEGAL GURADIAN CONSENT:

I, _____(PRINT parent/legal guardian name) give Wakulla Urgent Care and its staff permission to contact me via my cellular device for automated phone calls and SMS text messages for general messages regarding my child/dependant(PRINT name)_____.

Parent/legal guardian signature & Date

Phone Number/Cellular Service Provider

By signing, I certify that I am the owner of this cellular device and its user contract. I understand I may revoke, in writing consent to receive these messages at any time.