FOCUS PEDIATRICS
WHERE THE FOCUS IS ON YOU
www.focuspeds.com

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Social media and electronic communications consent

Patient name: _____ Patient DOB: _____

📻 Social media consent

At Focus Pediatrics, we love celebrating our patients and sharing positive moments on our social media platforms. These posts may include photos or videos taken during visits, milestones, or events. By signing this form, I authorize Focus Pediatrics, LLC to use my child's photograph(s), video(s), or name (first name only) on:

- Facebook
- Instagram
- Website
- Printed promotional material

I understand that these images may be viewed by the general public and may be shared or reshared by others. I waive any rights to compensation related to the use of these images.

📱 SMS (Text Message) Authorization

Focus Pediatrics offers text messaging for appointment reminders, office updates, and general communications. By signing this form, I authorize Focus Pediatrics, LLC to send me SMS text messages related to my child's care. Preferred mobile number(s) for text messages (which have been validated to be able to receive text messages) for the patient and any associated caregivers can be directly updated during each visit's digital intake process, or directly with our practice.

I understand that standard messaging rates may apply and that text messages are not guaranteed to be secure. I may opt out at any time by notifying the office.

Email Authorization

Focus Pediatrics may periodically reach out via email with office updates and general communications. By signing this form, I authorize Focus Pediatrics, LLC to send me email messages related to my child's care. Preferred email address(es) for email messages for the patient and any associated caregivers can be directly updated during each visit's digital intake process, or directly with our practice.

I understand that email messages are not guaranteed to be secure. I may opt out at any time by notifying the office.

Acknowledgement
I understand I may revoke this authorization at any time by submitting a request in writing. I acknowledge that I have read and understand this form.

Signature: _____ Full name: _____

Date: _____ Patient relationship: _____