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

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Patient communication preferences form

Patient name: _____ Patient DOB: _____

Preferred Communication Methods

Please indicate your preferred routine communications methods (check all that apply):

Communication Type	Text Message	Phone Call	Voicemail	Email
Appointment Reminders	☐	☐	☐	☐
Lab/Test Results	☐	☐	☐	☐
Billing/Insurance Inquiries	☐	☐	☐	☐
General Office Updates	☐	☐	☐	☐

Contact Information

Primary Phone Number: _____

☐ Mobile ☐ Home ☐ Work

Alternate Phone Number (optional): _____

Email Address: _____

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. **Please select one:**

☐ **YES**, 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

☐ **NO**, I do not authorize Focus Pediatrics, LLC to use my child's image or name on any public platform.

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.

Consent for Electronic Communication

☐ I understand that standard email and text messaging may not be secure and could be intercepted or read by others. I consent to receive communication from Focus Pediatrics, LLC using the methods selected above.

Additional Instructions or Limitations (optional):

_____

_____

Acknowledgement

I understand that I may update or revoke these preferences at any time by notifying the office in writing.

Signature: _____ Full name: _____

Date: _____ Patient relationship: _____