## Appointment Reminders / Messages

As a matter of notification for our patients. High Valley Dermatology utilizes a third-party automated outreach and messaging system. We send to this system personal contact information for our clients which may include home phone numbers, mobile phone numbers, email addresses and other personal contact information. We also send information needed to notify you of a pending appointment, missed appointment, overdue wellness exam, balances due, lab results, and other healthcare related functions. Given the potentially sensitive and or protected nature of this information we recommend/request you safeguard your device(s) that may receive this information. We do everything we can to protect your private information and know you will too.

_____ _____

Signature Date

## Medication List Import

I authorize High Valley Dermatology to import my medication history electronically from all pharmacies.

_____ _____

Signature Date

## Advance Directive Information

☐ I have an Advance Directive (Living Will, Healthcare Power of Attorney, or similar document) and have provided a copy for my medical record.

☐ I do not have an advance directive.

☐ I do not wish to disclose this information at this time.

_____ _____

Signature Date