



Diamond Lake Clinic

5939 Portland Ave S, Minneapolis, MN 55417
Office: (612) 869-4444 Fax: (612) 254-8244

Telecommunication Consent Form

I consent that Diamond Lake Clinic can provide their services and communicate with me via mobile phone, messages, e-mail and any kind of online communications, provided that these communications comply with privacy regulations.

Appointment Reminders, Reschedules and Cancellations I understand that Diamond Lake Clinic can reach me any time to remind me of my appointments or let me know in case of any change about my appointments. And I also understand that Diamond Lake Clinic can employ and use a third-party automated system to reach out me for the purpose of "confirm", "reschedule" or "cancel".

Telemedicine Appointments For telemedicine, I understand the appointments will be held via electronic environments on Doxy.me.

Contact Information Change I accept that I am responsible of notifying the Diamond Lake Clinic when my contact information changes.

Consent Cancellations I know that I can revoke this consent at any time by contacting Diamond Lake Clinic.

I may be reached by (check all that apply):

- Phone call at: _____
- Text Message at: _____
- Email at: _____

Patient Signature: _____

Date: _____