



# Appointment Reminders by Email

If you would like to receive your future appointment reminders by email instead of by phone, please complete and return this form to any of our staff.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Email (print clearly): \_\_\_\_\_

I agree to receive my future appointment reminders at the email address above. I understand these email reminders will not contain any of my protected health information, as defined by CMS, and that Solano Hematology Oncology and Cancer Treatment Center of Vacaville offer this only as a free courtesy service. I also understand that I may revoke this authorization at any time with a minimum of 5-business days written notice.

Patient's Signature  
or Legal Representative:

\_\_\_\_\_

Date: \_\_\_\_\_

Please add [solanohemonc@gmail.com](mailto:solanohemonc@gmail.com) to your address book or spam filter.

