



TELEPHONE CONSUMER PROTECTION ACT (TCPA) OPT-IN CONSENT FORM

El Centro de Corazón uses vendors for the purposes of collecting information about your satisfaction with our services. Your protected health information will be shared with these vendors, but they must abide by confidentiality laws (HIPAA) while handling this sensitive information. You will likely be contacted following any visit(s) to our health centers, and invited to participate in a patient satisfaction survey. This contact may be made through an auto-dialer program as a text sent to the cell number you provide us, and/or by email at the email address you provided.

YOU MAY OPT-OUT OF ALL PATIENT SURVEYS IF YOU WISH. Simply notify any front desk staff member of your desire to opt-out of our patient satisfaction survey program at any time.

By signing and dating this document, I consent to receive satisfaction survey messages from *El Centro de Corazón* or its survey vendors.

Patient Signature

Date

Printed Name of Legal/Authorized Representative (if applicable)

Date

Relationship

Witness Signature

Date

CONSENT TO PHOTOGRAPH

I, _____, hereby grant *El Centro de Corazón* authorization to take a photograph of myself during the registration process, which will be added to my electronic health record (EHR). Having patient photos in the EHR will help safeguard positive patient identification and can be referenced during a patient’s course of care. **Photos will be used for identification purposes**, not clinical use.

By signing and dating this document I authorize *El Centro de Corazón* to use my photo for the purposes outlined above.

Patient Signature

Date

Printed Name of Legal/Authorized Representative (if applicable)

Date

Relationship

Witness Signature

Date