



Electronic Communications Consent Form

I consent that the PPG Health, PA 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 PPG Health, PA 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 the Company 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.

Contact Information Change

I accept that I am responsible of notifying PPG Health, PA when my contact information change.

Consent Cancellations

I know that I can revoke this consent at any time by contacting the PPG Health, PA.

I sign this consent form behalf of

Myself

My Family

Someone as a legal guardian

Print Name: _____

Your Relationship with this Person: _____

Signature: _____