

Opt-Out Form



Patient Name: _____ Phone Number: _____
 Patient MRN: _____ DOB: ____ / ____ / _____

1

OPT-OUT TYPE

Check the opt-out type(s) in List A and/or List B. Note that Global opt-out turns off all products.

List A	List B
<input type="checkbox"/> Global (All Products) All communications (email, text and phone) are stopped.	<input type="checkbox"/> Appt Conf– Email (Remind) Appointment emails are stopped.
<input type="checkbox"/> Health Reminders – Phone (Outreach and Coordinate) Phone calls are stopped.	<input type="checkbox"/> Health Reminders – Email (Outreach and Coordinate) Health reminder emails are stopped.
	<input type="checkbox"/> All Text (All Products) All text messages are stopped.
	<input type="checkbox"/> Appt Conf – Text (Remind) Appointment texts are stopped.
	<input type="checkbox"/> Health Reminders – Text (Outreach) Health reminder texts stopped.
	<input type="checkbox"/> Protocol Specific (Outreach) All communications (email, text and phone) are stopped for selected protocols.
	Specific Protocols (list below) _____ _____ _____ _____

2

LENGTH OF TIME TO OPT-OUT for LIST B types. LIST A types are Permanent by default.

Check one duration and enter details as needed.

<input type="checkbox"/> Until This Date: ____/____/____	<input type="checkbox"/> # of Days: _____	<input type="checkbox"/> Permanent
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3

REASON FOR OPT-OUT

Circle only one reason for opt-out in List A or List B.

List A	List B
Doctor Request – Global Opt Out	Appointment is Scheduled
Invalid Phone Number	Benefit Not Covered
Left Practice – Changed Doctors	Condition Not Valid
Left Practice – Insurance Change	Condition Resolved
Left Practice – Moved From Area	Doctor Request
Left Practice – Patient Dismissed	Followed by Other Provider in Other Location
Not a Regular Patient	Other Reason
Other – Global Opt Out	Patient Decline
Patient Deceased	Service Provided Elsewhere
Patient Impaired	Service Provided in Office
Patient Request – Does Not Like Automation	
Patient Request – Prefers Not to Receive Reminders	

4

Additional Explanation:

Requestor Name: