

DIABETES MANAGEMENT ASSOCIATES
AUTHORIZATION FORM FOR TEXT/VOICE MESSAGING

By signing this form I authorize Diabetes Management Associates to send Text/Voice messages to my cell phone. I understand that I or Diabetes Management Associates may revoke this permission in writing at any time. I agree not to hold Diabetes Management Associates liable for any electronic messaging charges or fees generated by this service. I further agree that in the event my contact/cell phone number changes that I will inform Diabetes Management Associates.

Print Name:

Cell phone #

Signature:

This authorization form will remain in effect until revoked in writing by
me or Diabetes Management Associates.

Member Signature Date Privacy Disclaimer: Text messaging is provided as a service to
members. Your information will not be shared or distributed in any way.