Woman 2 Woman: The Center for Health and Sexuality
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Text Message (SMS) Consent Form

Woman 2 Woman can send you text messages about your appointments and care. Texting is optional: your choice will not affect the care you receive.

☐ **YES.** I agree to receive text messages from **Woman 2 Woman (Rachelle Meaux, MD, APMC)** at the mobile number below, including appointment confirmations and reminders, scheduling updates, and practice and administrative notifications. Message frequency varies. Message and data rates may apply. Reply **HELP** for help or **STOP** to opt out at any time. Carriers are not liable for delayed or undelivered messages. Consent is not a condition of receiving care. I have been offered the Terms & Conditions and Privacy Policy at drrachellemeaux.com/privacy-policy-terms-of-services.

☐ **NO.** I do not want to receive text messages.

Patient name (please print) _____ Mobile phone number _____

Signature _____ Date _____

If signed by a parent, guardian, or personal representative: printed name and relationship to patient _____

Good to know

- **To stop texts:** reply STOP to any message, or call us at (337) 216-0000.
- **For help:** reply HELP, call (337) 216-0000, or email woman2woman@drrachellemeaux.com.
- **Your privacy:** we do not sell, rent, or share your mobile number or texting consent with third parties or affiliates for marketing or promotional purposes.
- **Security:** standard text messages are not encrypted. Please do not text sensitive medical information, and never use text for an emergency. Call 911 in an emergency.
- **Full terms:** drrachellemeaux.com/privacy-policy-terms-of-services (Section 11, Text Messaging (SMS) Terms, and our Privacy Policy).

Office use only: Consent recorded in DocVilla ☐ Staff initials _____ Date _____

Keep the signed form in the patient's chart. Last updated October 29, 2026.