Programs for Infants and Children, Inc.
161 Klevin Street Suite 103
Anchorage, AK 99508-1508
Phone (907) 561-8060 Fax (907) 563-3172

COMMUNICATION PREFERENCES AND CONSENT

Child's Name: **Child's Date Of Birth**:

How We May Contact You

Appointment Reminders	Health Info / Alerts	Text Messages
Sent 24 hours before your appointment. Texts come from 27371. Emails show as 'From: DoNotReply@picak.org'. Reply 'C' to confirm.	Updates about your child's care, Prior Written Notices (PWN), office closures, and other health-related information.	Two-way messages from PIC staff. You can reply at any time. Staff will see your reply during business hours. All messages may be saved in your child's chart.

⚠ **Important — Unencrypted Email and Text:** Anyone with access to your email account or phone can see this information. Some of these documents, including Prior Written Notices, are also protected under FERPA as early intervention records. By signing below, you are asking PIC to send Health Info / Alerts through these unencrypted channels and you understand the privacy risk. **These messages may include Prior Written Notices (PWN), health updates, and other information about your child's services.**

Your Contact Information

		Preferred	Type	Phone Number
Name:	_____	☐	Primary Cell:	_____
Relationship:	_____	☐	Work Phone:	_____
Email:	_____	☐	Home Phone:	_____
		☐	Other Phone:	_____

Your Communication Preferences

Communication Type	Text (SMS)	Email
Appointment Reminders	☐	☐
Health Info / Alerts	☐	☐
Text Messages	☐	_____

☐ **I do NOT want any electronic communications from PIC.**

Voice messages: ☐ Cell ☐ Home ☐ Work ☐ Other ☐ None, do not leave me voice messages.

Authorization

By signing below, I confirm that I have read this form and agree to the Reminders and Alerts Terms and Conditions (effective March 2026), which are available at PIC's office or at parenthandbook.picak.org (scan the QR code below).

I understand that:

- Message and data rates from my mobile carrier may apply.
- I can stop texts at any time by replying **STOP**.
- I can change my preferences at any time by contacting PIC in person, by phone, or in writing.
- Preference changes are recorded in my child's Raintree record with a date and time stamp.

_____	_____	_____
Signature of Parent/Guardian or Authorized Person	Printed Name	Date

Privacy Officer: Micheala Phillips | (907) 550-3087 | mphillips@picak.org |