AVEDAMED®
Primary Care | Cardiology | Rheumatology

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DIGITAL COMMUNICATION CONSENT

I, _____ **,** hereby grant consent to AvedaMed, LLC, their affiliated providers, and staff hereafter referred to as "the Clinic," to contact me via digital communication methods including but not limited to voice calls, SMS (text messages), automated reminders, email, and any other source deemed necessary by the Clinic, for the purpose of communicating information related to my upcoming medical appointments or associated information requiring communication between all parties involved.

By signing this consent form, I acknowledge and agree to the following terms:

The Clinic may send digital communications in various formats and with various content, including, but not limited to, appointment reminders, pre-appointment instructions, post-appointment follow-ups, and general healthcare-related information.

I confirm that I am the owner or an authorized user of the mobile phone number and/or email address provided below. I undertake to notify the Clinic immediately if I am no longer the owner or authorized user of the provided contact information.

I understand and agree that I am solely responsible for any message and data charges associated with receiving digital communications from the Clinic.

I acknowledge that I have the right to opt out of receiving digital communications from the Clinic at any time. I can do so by replying to any message with the word "STOP" or by notifying the Clinic in writing of my decision to opt out of digital communications.

Signature: _____ **Date:** _____