New Patient SMS Communication Opt-In and Policy Disclosure

Please note that our practice may use SMS/MMS text message communication to increase patient care and customer satisfaction. We use text messaging to send billing notifications and payment reminders to patients who have opted in to receive SMS. These messages may include statement alerts, links to pay online, or confirmations that a payment was received. Messaging is used strictly for billing-related purposes and always includes opt-out instructions.

You must be a patient of our office, and have consented to receive SMS/MMS messages to use this service. Any messages received from unknown numbers will be ignored.

Opting Out

At any time, any patient or guardian who is receiving SMS/MMS text messages from our practice may opt -out of such communication with us by simply replying 'STOP'. Patients/guardians may also opt -out by directly contacting our office or staff via phone or in person.

Sensitive Information

Please note that text message communication may include some sensitive information and inherently indicates via your phone number that you are a patient of this practice. Other information may include dates of service, balances, addresses, or diagnostic information. Our office will make all efforts to limit sensitive information to the minimum necessary.

- Message and data rates may apply. Check with your carrier. You may see the name
- "PayStack", which is the technology used to send and manage our statements.
- Message frequency may vary.
- You can text HELP for support or STOP at any time to unsubscribe.
- Your phone number will not be shared with third parties for marketing or promotional purposes.

Please check an appropriate box below to indicate your SMS/MMS text message communication preferences:

☐ I would like to receive SMS/MMS text messages related to my billing information

☐ I would NOT like to receive SMS/MMS text messages related to my billing information etc.

Patient Name: _____ _____

Guardian Name: _____ _____

Cell phone number: _____

Signature: _____

Date: _____