

Cellular Device OPT-IN Consent For Cellular Calls and/or SMS/Text Messages

By providing your cell phone number, you expressly consent to receiving calls and/or SMS/text messages on your cellular device placed by Surprise Health Center PLLC (“the Clinic”), its affiliates, business associates, and/or its service providers, from an **automatic telephone dialing system and/or using an artificial or pre-recorded voice**. This could result in charges to you according to your data plan. These calls and messages will be for health care and related purposes including but not limited to, for the purpose of appointment reminders and office closure announcements, and for the purpose of servicing your account, payment and billing, and collecting any amounts you may owe.

If at any point you change or obtain a new cell phone number, or if you no longer maintain the cell phone number you originally provided to us, you agree to notify the Clinic immediately of such change by completing the Cellular Device OPT-IN Consent form at www.surprisehealthcenter.com/appointments. If you do not have internet access, you agree to notify the Clinic immediately of such change in writing, at the following address: **14973 W. Bell Rd., Suite 100, Surprise, AZ 85374, attention: Front Office Manager**. You agree to provide your full name, address, date of birth, and Clinic number in your notification.

You may be held liable for failure to do so, as outlined in the following provision:

Indemnity Provision - READ CAREFULLY:

You agree to indemnify and hold the Clinic, its officers, agents and employees harmless from any liability, loss or damage, including but not limited to, attorney’s fees, they may suffer as a result of claims, demands, costs or judgments against them arising out of alleged violations of the Telephone Consumer Protection Act (TCPA) or similar laws, resulting from autodialed or artificial or pre-recorded voice calls placed to a reassigned cell phone number(s), originally belonging to you or which you provided to the clinic, but of which you failed to timely notify the Clinic that such number(s) was no longer assigned to your cellular device.

Opt-In

I, _____ expressly consent to receiving calls and/or SMS/text

(PATIENT NAME)

messages on my cellular device: _____ placed by the Clinic, its affiliates, business

(PATIENT CELL PHONE NUMBER)

associates, and/or messages its service providers, from an automatic telephone dialing system and/or using an artificial or pre-recorded voice, including, but not limited to, for the purpose of appointment reminders and office closure announcements, and for the purpose of servicing my account, payment and billing, or collecting any amounts I may owe. I agree to notify the Clinic immediately if I change or obtain a new cell phone number, or no longer maintain the cell phone number provided in this provision, and expressly acknowledge that I may be held liable for failure to do so, as outlined above.

I understand that SMS/text messages and cell phone messages carry certain risks. For example, messages may be sent in unencrypted form. They could be received by others if others have access to my device or if my messages are sent to another device. I understand the risks, and I expressly consent to receiving these messages and ask the Clinic to communicate with me in this form.

I have read this disclosure in its entirety and agree that the Clinic, its affiliates, business associates and/or its service providers may contact me as described above.

PATIENT SIGNATURE

DATE

DATE OF BIRTH

CLINIC #

LEGAL REPRESENTATIVE PRINTED NAME IF SIGNING FOR PATIENT (PARENT/GUARDIAN OF MINOR)

DESCRIPTION OF AUTHORITY TO SIGN FOR PATIENT: _____