

## **CLEARVIEW MEDICAL ASSOCIATES-TX, P.C.**

206 Wild Basin Road S., Building A, Suite 208, Austin, TX 78746

### **CONSENT TO RECEIVE TEXT MESSAGES**

#### **How This Works**

Signing this form is how you say yes to text messages. If you do not want text messages, do not sign it. There is no one you need to tell.

Not signing costs you nothing. Consent to text messages is not a condition of receiving care, of enrolling in any program, or of purchasing anything. If you do not sign, we will not text you and will reach you by phone, patient portal, mail, or email instead.

#### **The Program**

Program name: ClearView Patient Messaging. ClearView Medical Associates-TX, P.C. (the "Practice") and those acting on its behalf may text the mobile number in your patient record, from any Practice number, including the practice line and your care team line. Messages cover appointments, care coordination and check-ins, remote monitoring reminders, prescription and result notices, and billing notices. No marketing texts, and we do not sell your information.

#### **Frequency and Cost**

Message frequency varies, up to approximately 30 messages per month. Message and data rates may apply from your carrier. The Practice does not charge you for text messages.

#### **How to Stop**

Reply STOP to any message. END, QUIT, CANCEL, UNSUBSCRIBE, and REVOKE also work. Reply START to begin again, or HELP for help. You may also stop by telling your care team, calling (325) 603-3617, updating the patient portal, or writing to [privacy@clearviewmedicalassociates.com](mailto:privacy@clearviewmedicalassociates.com); we honor requests within 10 business days. Tell us if your mobile number changes, so messages are not sent to someone else.

#### **Privacy and Emergencies**

Texts are not secure and may be read by anyone with access to your phone, so we limit what we put in them to the minimum necessary. Texts are not monitored around the clock. For a medical emergency, call 911.

#### **Terms**

<https://clearviewmedicalassociates.com/sms-terms> and <https://clearviewmedicalassociates.com/privacy-policy>

Mobile number to text (we save it to your patient record): \_\_\_\_\_

#### **Your Signature Is Your Consent**

☐ Yes, I consent to receive text messages from ClearView Medical Associates-TX, P.C. at the mobile number above.

By signing this document electronically, I give ClearView Medical Associates-TX, P.C. my express written consent to send me text messages, including messages sent using automated technology, at the mobile number above, for the purposes described above. I understand that consent is not a condition of receiving care, that message frequency varies, that message and data rates may apply, and that I may stop at any time by replying STOP or by any other reasonable method.

If I do not sign this form, I am not giving consent, the Practice will not send me text messages, and nothing about my care changes.

If I am signing for a patient as parent, guardian, or authorized representative, I certify that I have authority to do so and that the number in the record is one I control. My electronic signature has the same effect as a handwritten signature.