

## Consent to Receive Text Messages

### 1. Purpose of Text Messages

- You consent to receive text messages from Health West or Insurance Pal for purposes that may include, but are not limited to: appointment reminders, health-related notifications, billing or payment information, Free and Clear Program, Facility or other Provider information, and other updates related to your care.

### 2. Nature of Communications

- Text messages may include personal health information (PHI). While Health West and Insurance Pal take reasonable steps to protect your privacy, text messaging may not be fully secure. There is a risk that information in a text message could be intercepted or misused by unauthorized parties.

### 3. Frequency of Messages

- The frequency of messages may vary based on your treatment plan, appointment schedule, billing cycle, and health updates.

### 4. Standard Message and Data Rates

- Standard message and data rates may apply, depending on your mobile carrier and plan. Please consult with your mobile carrier for more information on fees.

### 5. Opt-Out and Revocation of Consent

- You can opt out of receiving text messages at any time by texting “STOP” in response to any message you receive, or by contacting Health West or Insurance Pal directly. Opting out does not affect other forms of communication you may receive from Health West or Insurance Pal. (e.g., phone calls, emails, postal mail).

### 6. No Guarantee of Confidentiality

- Although Health West and Insurance Pal strives to maintain the security and confidentiality of electronic communications, there is some level of risk that text messages could be read by a third party. If you have concerns about the security of your health information, please request alternative methods of communication.

### 7. Not for Emergencies

- Text messaging services are not to be used for emergencies or urgent inquiries. If you experience a medical emergency, dial 911 or go to the nearest emergency department.

### 8. Your Responsibilities

- You agree to keep your mobile phone number updated with Health West or Insurance Pal.
- You acknowledge that it is your responsibility to ensure the security of your mobile device (e.g., by using a passcode, fingerprint lock, or facial recognition).
- You agree not to share your device with others if you wish to keep these communications private.

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## Acknowledgement and Agreement

By providing your mobile phone number through our online form or by signing below, you acknowledge that you have read and understand the information contained in this Text Messaging Consent Form. You also agree that this consent shall remain valid and in effect until you revoke it in writing or opt out via text message.

- **Patient Name:** \_\_\_\_\_
- **Patient Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_