

To whom it may concern:

We are getting consent from you by asking do you agree to receive conversational text messages from Rochelle Center. Please read the Following agreement in its entirety then sign and date to agree or not to agree to the terms.

Informed Consent for Text (SMS) Messaging

With your consent, **{Rochelle Center}** would like to send text (SMS) messages to the mobile number you have provided in our records.

By providing your informed consent where indicated, you acknowledge that you have understood the information below and agree to participate in our text (SMS) messaging service.

Purpose and Description: **{Rochelle Center}**'s text (SMS) messaging service is designed to provide you with helpful information, reminders, and notifications via text messages sent to your mobile phone. We may use text (SMS) messages to communicate with you for a variety of purposes, including:

- Announcements and reminders of upcoming events
- Reminders about Client appointments
- General information from Rochelle Center Administration
- Time sheet Verification
- Scheduling

Voluntary Participation: Participation in our text (SMS) messaging service is entirely voluntary. You have the right to refuse or withdraw your consent at any time. If not agreed upon, please choose one of the Following Options below and check the box in its entirety.

Benefits and Risks: Benefits: The text (SMS) messaging service aims to keep you informed about **{Rochelle Center}** by providing an additional method of convenient and timely communication.

Risks: While every effort will be made to protect the security and confidentiality of information transmitted through text (SMS) messages, there are inherent risks associated with all electronic communication. These risks include unauthorized access, loss of privacy, and potential breach of sensitive information. It is important to be aware that text

(SMS) messages may not be entirely secure and could be intercepted or accessed by unintended recipients.

Potential Costs: Participation in the text (SMS) messaging service may involve standard text messaging charges applied by your mobile service provider. Please consult your mobile service provider regarding any applicable fees or charges.

Please check one of the following,

- ☐ By checking the box, you AGREE to receive SMS messaging from Administration from the Rochelle Center.

Please Provide your Mobile Number below:

Phone Number: _____

- ☐ By checking this box, you DO NOT agree to receive SMS messaging from Administration from the Rochelle Center.

Please note that if you Do Not Agree to Text and you send a text to ANY Administration Staff you will be automatically enrolled in texting.

- ☐ By checking this box, you AGREE to communicate through Practical Health ONLY with Administration at the Rochelle Center.

This means you will not send text messages to Rochelle Center or Administrative Staff OR receive text messages from Rochelle Center or its Administrative Staff if by doing so you will automatically be enrolled to texting.

Sign: _____

Date: _____

Witness: _____