

SMS TEXT MESSAGE CONSENT FORM

Patient Name: _____

Mobile Number: _____

By providing my mobile phone number and signing below, I consent to receiving text messages from Neptune Adult Medicine regarding:

- Appointment reminders
- Billing notifications
- Payment requests and confirmations
- Account-related communications
- Other healthcare administrative communications

Message Frequency:

Message frequency varies depending on your interactions with our practice and appointment schedule.

Message and Data Rates:

Message and data rates may apply according to your mobile carrier plan.

Opt-Out Instructions:

You may opt out of receiving text messages at any time by replying STOP to any message. After opting out, you will no longer receive text messages unless you provide new consent.

Help Instructions:

Reply HELP for assistance or contact our office at (732) 807-3834.

Privacy Policy and Terms of Service:

<https://www.carntickmd.com/the-practice>

Consent:

I agree to receive text messages from Neptune Adult Medicine at the mobile phone number provided above. I understand that consent is not a condition of receiving medical treatment or services.

Patient or guardian signature: _____ **Date:** _____

Document signed by: _____