

Clearsolutions Dermatology Group Informed Consent for Text (SMS) Messaging Form

As part of our services, and with your prior express written consent, we would like to send text (SMS) messages to the mobile number you list below in the consent section of this form.

Text (SMS) Messaging Purpose and Description: The text (SMS) messaging service provides you with appointment reminders and feedback.

Important Information: Please review this important information:

- **Opt-Out**: You can stop receiving messages from us at any time by replying to our texts with the word "STOP" to opt out.
 - **Consent**: Consent is not required to purchase goods or services.
 - **Help**: You can also reply to our texts with the word "HELP" for help, or by contacting us by phone at +17329916579 or by email at info@clearsolutionsderm.com.
 - **Message Frequency**: Message frequency varies.
 - **Costs**: Message and data rates apply.
 - **Terms and Conditions and Privacy Policy**: Carefully review the paper copy of the Terms and Conditions and Privacy Policy provided to you today.
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- By checking this box, I agree to receive automated text messages for appointment reminders and feedback at this phone number: _____. I understand that by checking the box, I will receive text (SMS) messages until I reply STOP and that I can reply HELP at any time to receive help. I further understand that message and data rates apply, and the message frequency will vary. I acknowledge that I have received and reviewed the Terms and Conditions and Privacy Policy provided to me in paper form.

Name: _____

Signature: _____

Date: _____