

SMS Consent Form

Patient Authorization for Text Message Communications

Patient Information

Patient Full Name:

Date of Birth:

Date:

Mobile Phone Number (for SMS):

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Consent for SMS Communications

By signing below, I authorize **Spriggan AI** to send text messages (SMS/MMS) to the mobile phone number I have provided. I understand that these messages are related to my healthcare appointments and are limited to:

- Appointment reminders, confirmations, and rescheduling notices
- Location, directions, and parking information for my appointments
- Patient intake form links to be completed prior to my appointment

I understand and agree to the following:

- Message frequency varies based on my appointment schedule.
- Message and data rates may apply depending on my mobile carrier and plan.
- I may opt out at any time by replying **STOP** to any message.
- I may request help at any time by replying **HELP** to any message.
- My consent is **voluntary** and is **not required** as a condition of receiving treatment.
- I may contact **support@spriggan.ai** to manage my preferences.

Upon opting in, you will receive the following confirmation message:

"Spriggan AI: You're opted in to SMS for appointment reminders, location info, and intake forms. Msg freq varies. Msg&data rates may apply. Reply HELP for help, STOP to cancel."

Patient Signature

Patient Signature:

Date:

Printed Name:

Witness / Staff Initials:

Privacy Notice: Your phone number and consent information are stored securely in compliance with HIPAA regulations. Your information will not be shared with third parties for marketing purposes. Text messages may contain protected health information (PHI) related to your care. Standard message and data rates from your wireless carrier may apply.