

Electronic Communication Consent Form

I consent that Heart and Vascular Centers of South Florida, and its associates, can communicate with me via mobile phone (SMS Messaging), E-Mails, and web chat for the following purposes:

- Appointment Reminders, Reschedules and Cancellations
- Charges that are due
- Changes to demographics (address, phone number, email address, etc)
- Insurance verification

I understand that once opted in, Heart and Vascular Centers of South Florida, and its associates, can contact me electronically any time to regarding my appointments. I also understand that Heart and Vascular Centers of South Florida may employ third-party software that uses automation to contact me about my appointments. This does not give us the right to sell or disclose your information to third parties. We will never share confidential patient information over SMS without your written consent.

Telemedicine Appointments

I understand that telemedicine appointments will be held electronically, and I am responsible for the security and connection of my own device.

By signing below, I agree to the following statements above and below:

- I consent to mobile communications (SMS) with Heart and Vascular Centers of South Florida and their associates.
- I consent to receiving communications with Heart and Vascular Centers of South Florida via E-Mail.
- I am aware that I can opt out of SMS and E-Mail communications any time by replying to any message from us with **STOP** or by written communication with Heart and Vascular Centers of South Florida.
- I am aware that this does not give consent to Heart and Vascular Centers of South Florida to use SMS to contact me about marketing or promotional activities.

Patient Name: _____

Patient Signature: _____

Date: _____