



PATIENT COMMUNICATION CONSENT

In order to enhance patients' care and experience, 7 Springs Orthopedics may contact you after your visit in order to request feedback on your experience by phone call, SMS text message, email, voicemail, or mobile application, some of which may be via automated means. By signing below, you understand and agree to be contacted in the manner with communications related to this visit, and any future visits.

In the future, you may opt-out of receiving text messages by notifying us in writing (including responding via text message).

Mobile safety tips: While we work hard to protect your information, remember that electronic communication is never 100% secure. It's very unlikely, but information you send via text, email or mobile application, or that you leave on your mobile device could be exposed to people other than your provider. Here are a few safety tips to follow:

1. Use a password on your mobile device to prevent strangers from seeing what is on your phone.
2. Limit the amount of sensitive health information you send. You can always call your provider to discuss something private or sensitive.
3. If you are worried about those close to you seeing your messages, you can delete them from your email or messaging app. This won't erase them completely, but will make it hard for others to see them

Patient Signature: _____

Date: _____