

PATIENT CONSENT TO RECEIVE COMMUNICATIONS

Name of Patient:	Date of Birth:
Parent/Guardian Name (if patient under 18 years old):	Current Mobile Phone Number(s): (Include area code)
Current Email(s):	

I give direct consent to The Regional Medical Center, as well as to its debt servicers, representatives, agents, contractors, and debt collectors, including third-party debt collectors, to contact me regarding payment for services by any mechanism, such as calling, voice mailing, texting, or email including, but not limited to, contact via:

- i. a mobile phone or landline you provide to us, use to contact us, or at which we believe we can reach you (even if it is not yours),
- ii. any email address you provide to us,
- iii. automated dialer systems and automatic telephone dialing systems,
- iv. pre-recorded or artificial voice messages and other forms of communication, and
- v. if allowed by applicable law, through the direct message or similar function of any social media or other digital communications platform you may use.

I agree that these communications are not unsolicited for purposes of any state or federal law.

I understand and acknowledge that these contacts may result in additional mobile, text message, or data charges.

I understand and acknowledge that the email and text messaging services utilize public data and telephone networks and as such full security and confidentiality cannot be guaranteed.

I understand and acknowledge that others may be able to view these text messages, emails or direct messages and/or listen to voicemails if my phone is not kept secure.

Full Name: _____

Signature: _____

Signature of Witness: _____

(Required if patient unable to sign)

In the event of a Parent/Guardian signing for a child under 18 years old, please state your relationship: _____

Date: _____