



Cellular Device Opt-In Consent Form

By providing your cell phone number, you expressly consent to receiving calls and/or SMS/text messages on your cellular device placed by Shield Medical Group ("the Clinic"), its affiliates, business associates, and/or its service providers, from an **automatic telephone dialing system and/or using an artificial or pre-recorded voice**. This could result in charges to you according to your data plan. These calls and messages will be for health care and related purposes including but not limited to, for the purpose of appointment reminders and office closure announcements, and for the purpose of servicing your account, payment and billing, and collecting any amounts you may owe.

If at any point you change or obtain a new cell phone number, or if you no longer maintain the cell phone number you originally provided to us, you agree to notify the Clinic immediately of such change, by completing the Cellular Device Opt-In Consent form below. If you do not have internet access, you agree to notify the Clinic immediately of such change, in writing, at the following address: **6801 US Hwy 27 N Suite D2 Sebring, FL 33870**. You agree to provide your full name, address, and date of birth in your notification.

You may be held liable for failure to do so, as outlined in the following provision.

Indemnity Provision - READ CAREFULLY:

You agree to indemnify and hold the Clinic, its officers, agents and employees harmless from any liability, loss or damage, including but not limited to, attorney's fees, they may suffer as a result of claims, demands, costs or judgments against them arising out of alleged violations of the Telephone Consumer Protection Act (TCPA) or similar laws, resulting from autodialed or artificial or pre-recorded voice calls placed to a reassigned cell phone number(s), originally belonging to you or which you provided to the clinic, but of which you failed to timely notify the Clinic that such number(s) was no longer assigned to your cellular device.

Opt-In

I expressly consent to receiving calls and/or SMS/text messages on my cellular device placed by the Clinic, its affiliates, business associates, and/or messages its service providers, from an automatic telephone dialing system and/or using an artificial or pre-recorded voice, including, but not limited to, for the purpose of appointment reminders and office closure announcements, and for the purpose of servicing my account, payment and billing, or collecting any amounts I may owe. I agree to notify the Clinic immediately if I change or obtain a new cell phone number, or no longer maintain the cell phone number provided in this provision, and expressly acknowledge that I may be held liable for failure to do so, as outlined above.

I understand that SMS/text messages and cell phone messages carry certain risks. For example, messages may be sent in unencrypted form. They could be received by others if others have access to my device or if my messages are sent to another device. I understand the risks, and I expressly consent to receiving these messages and ask the Clinic to communicate with me in this form.

I have read this disclosure in its entirety and agree that the Clinic, its affiliates, business associates and/or its service providers may contact me as described above.

Agree

First Name _____

Middle Initial _____

Last Name _____

Cell Phone Number (no dashes) _____

Street Address _____

City _____

State _____

Zip Code _____

Email Address _____

Date of Birth (00/00/0000) _____

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Agree

Signature _____

Date (00/00/0000) _____

Legal representative printed name if signing for patient _____

(Parent/Guardian of a Minor) _____

Description of authority to sign for patient _____