Spine Center of Texas (Irvin K. Sahni, M.D., P.A.)

Consent to Receive Text Messages

Patient name: _____ Date of birth: _____

Mobile phone number: ( ) _____

Text messages. I agree that Spine Center of Texas may send text messages to the mobile number above about my care, including:

- scheduling, rescheduling, confirming and reminding me of appointments;
- links to patient education materials related to my condition or visit.

Text messages will not include test results, diagnoses or other detailed medical information.

Please understand:

- Message frequency varies. Message and data rates may apply.
- I can reply **STOP** at any time to stop all text messages, or **HELP** for help, or call the office at (830) 379-8800.
- Agreeing to receive text messages is **not a condition of receiving care**.
- Text messages are not secure like a phone call or a patient portal, and I should not use text to ask urgent medical questions. In an emergency I will call 9-1-1.
- Spine Center of Texas does not sell or share my phone number or my text-message consent with third parties for marketing. See our Privacy Policy and Terms at spinecenteroftexas.com.
- I can change or withdraw this consent at any time by replying STOP or telling the office.

☐ I also agree that Spine Center of Texas may call me at the number above using an automated scheduling assistant (which may use an artificial or computer-generated voice) about scheduling my appointments. I can ask for a staff member at any time.

Signature: _____ Date: _____

If signed by a representative, name: _____ Relationship: _____

Office use: confirmation text sent on ____ / ____ / _____ by _____