

Consent to Telephone and Text Messaging



I, _____ (Patient Name/Name of Patient's Authorized Representative), agree that Aylo Health, LLC, including its employees, business associates, and each of their assignees may contact me and/or the Patient by calling or texting any telephone number provided by me to Aylo Health.

I authorize Aylo Health to use my telephone number to deliver (or cause to be delivered) messages of any kind ("Messages") including, without limitation, information about healthcare products and services that may be of interest to me. I agree that Aylo Health may use an automatic telephone dialing system or an artificial or prerecorded voice when contacting me and/or the Patient using the telephone number(s) provided by me to Aylo Health. I understand calls to my cell phone number(s) could result in charges to me and/or the Patient for the call or text.

I understand this consent will remain in effect unless and until it is revoked by me in writing and my revocation is received by Aylo Health. I can revoke this consent at any time by contacting Aylo Health in writing, and Messages can be delivered until my revocation is received. However, it is important for Aylo Health to be able to communicate with me by phone or text to ensure I continue to receive healthcare services and treatment. If I revoke this consent, it will impair Aylo Health's ability to communicate with me and provide healthcare services and treatment.

By signing below, I have read this form (or had it read or explained to me), and I fully understand it. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

PRINT NAME

DATE

SIGNATURE

If signing as Patient's authorized representative, please list relationship to the Patient