

**Access to Healthcare Network
SMS Text Message Consent**

By signing below, I authorize Access to Healthcare Network (AHN) to contact me by SMS text message for health related and AHN program-related information. This can include but is not limited to information such as:

- Appointment reminders
- Medication reminders
- Healthcare procedure and service information
- Healthcare Insurance Information
- Tips and information on healthy behaviors
- Information to help manage illnesses

I consent to receive information by text message from the Access to Healthcare Network (AHN). Terms & Conditions and Privacy Policy are on the AHN website: <https://www.accesstohealthcare.org/ahn-texting-and-hippa/>. By signing this form, you are agreeing to receive recurring messages from Access to Healthcare Network related to your request for information.

Message and Data rates may apply. Message frequency varies per user. Carriers are not liable for delayed or undelivered messages. You also confirm that you have the authority to consent to receive text messages on the number you provided. You may opt-out of receiving these text messages from AHN at any time by calling any AHN-related telephone number or text “HELP” for help & “STOP” to unsubscribe.

I understand that AHN will send text messages to my mobile phone number on file and that I should update this telephone in the event of a change. Also, text messages are not always secure and that in the event I lose or let someone borrow my phone someone else may gain access to my health-related messages.

I understand that text messages are not a substitute for professional or medical attention, do not provide diagnosis or treatment, and are intended for general informational purposes. Always seek the advice of a qualified medical professional with any questions regarding medications, medical conditions, or treatment.

Privacy Policy: No mobile information will be shared with third parties/affiliates for marketing/promotional purposes. All the above categories exclude text messaging originator opt-in data and consent; this information will not be shared with any third parties.

I agree with the AHN SMS Text Consent Terms and Conditions

Name: _____

DOB: _____

Signature: _____

Date: _____