Consent to Receive Text Messages from SatComRx

Practice: _____

Your doctor's office works with SatComRx, a patient access service, to help you get the medication your provider prescribed, including insurance approval (prior authorization). With your permission, SatComRx will text you updates about your case.

Your consent (optional)

☐ **I agree to receive text messages from SatComRx at the mobile number I provided about my prescription access and prior authorization case.** Message frequency varies. Message and data rates may apply. Reply STOP to opt out or HELP for help. Consent is not a condition of treatment or services.

- Texts are general case updates. They do not include your medication name or diagnosis.
- Text messages are not encrypted and may be seen by anyone with access to your phone.
- Your mobile number and text consent are not shared with third parties or affiliates for marketing purposes.
- You can withdraw consent at any time by replying STOP or calling SatComRx at 1-844-602-1702.
- If you leave the box unchecked, you will not receive texts and can be reached by phone instead.

Patient

Patient name: _____

Date of birth: ____ / ____ / _____

Mobile number: (_____) _____ - _____

Signature: _____ Date: ____ / ____ / _____

If signed by a personal representative, print name and relationship to patient:

_____

Practice use only

Record the consent on the patient's SatComRx case before any text is sent, and keep this signed form in the patient's record.

Box checked by patient: ☐ Yes ☐ No (do not record text consent)

Mobile number confirmed with patient: ☐ Yes

Date recorded on SatComRx case: ____ / ____ / _____

Staff name and initials: _____

Terms - https://satcomrx.com/docs/SatComRx_Terms_of_Service.pdf

Privacy Policy - https://satcomrx.com/docs/SatComRx_Privacy_Practices.pdf