

Acknowledgement of Privacy Rights and Practices and Consent for Text (SMS) Messages

Nova Medical Group PC is pleased to offer text (SMS) messaging service to patients who consent to receive helpful information, reminders, and notification via text message to their mobile telephone number.

With your consent, Nova Medical Group PC may use text (SMS) messages to communicate with you for a variety of purposes, including:

- Reminder of upcoming appointments
- Payments due
- News of the practice

Participation in our text (SMS) messaging service is voluntary. You may revoke your consent to receive text (SMS) messages at any time.

This text (SMS) messaging service is intended to keep you informed and to provide convenient and timely communication to you regarding your care.

While every effort will be made to protect the security and confidentiality of information transmitted through text (SMS) messages, there are inherent risks associated with all electronic communication. Text (SMS) messages are provided over various communications lines, over local exchange and internet carrier lines, and through routers, switches, and other devices (“External Connectivity”) over which neither of us has control. We do not warrant that such External Connectivity will be uninterrupted, error-free, or completely secure and you recognize and agree that actions or inactions of third parties with respect to such External Connectivity can impair or disrupt connections to the internet (or portions thereof). Risks include unauthorized access, loss of privacy, and potential breach of sensitive information. It is important to be aware that text (SMS) messages may be intercepted or accessed by unintended recipients.

Participation in the text (SMS) messaging service may involve standard text messaging charges applied by your mobile service provider. Please consult your mobile service provider regarding any applicable fees or charges.

By signing this document, I acknowledge receipt of the information included herein and I consent to receive text (SMS) messages from Nova Medical Group PC to the mobile telephone number I provided to Nova Medical Group PC and I understand and agree that Nova Medical Group PC shall not be liable in any manner with respect to any claims resulting from or related to the above events.

Patient Name

D.O.B

Signature of Patient or Patient Representative

Date



COMMONWELL/CARE QUALITY NETWORK ENROLLMENT CONSENT

Nova Medical Group PC participates in the CommonWell/Care Quality Network. This service allows your treating providers to securely and timely share your medical information via an electronic platform for continuity of care.

By signing this form, you consent to the sharing of your information with your doctors via the Commonwell/Care Quality Network.

With this consent, I hereby authorize Nova Medical Group PC to disclose information related to my treatment to the CommonWell/Care Quality Network. I understand the purpose of this disclosure is for continuity of care. I understand I may revoke this authorization in writing.

Please check one:

_____ I consent to enroll in the CommonWell/Care Quality Network.

_____ I do not consent to enroll in the CommonWell/Care Quality Network.

Patient Name

D.O.B

Signature of Patient or Patient Representative

Date