



## ON CALL WOUND CARE, LLC SMS COMMUNICATION CONSENT

Patients opt in to receive SMS communications by completing and signing this dedicated SMS Communication Consent form during patient intake or registration before services are provided.

Patient Name: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

I agree to receive SMS text messages from On Call Wound Care, LLC regarding appointment reminders, scheduling updates, provider arrival notifications, follow-up coordination, customer support, and healthcare-related communications. Message frequency varies. Message and data rates may apply. Reply STOP to opt out and HELP for assistance. Consent is not a condition of receiving treatment or healthcare services.

- Message frequency may vary depending on patient care needs.
- Message and data rates may apply.
- Patients may reply STOP at any time to opt out of SMS communications.
- Patients may reply HELP for assistance.
- SMS communications may be sent using an automated system.
- Consent to receive SMS messages is not required as a condition of treatment or healthcare services.
- SMS messages will not include detailed medical information, diagnosis details, treatment plans, or protected health information (PHI).
- Patient mobile numbers and SMS consent information will not be shared with third parties or affiliates for marketing purposes.

**For Assistance:** On Call Wound Care, LLC | Phone: 239-292-7720 | Website: <https://oncallwoundcare.com>  
Privacy Policy: <https://oncallwoundcare.com/privacy-policy/>  
SMS Terms: <https://oncallwoundcare.com/sms-terms-conditions/>

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing above, I acknowledge that I have read, understood, and agreed to this SMS Communication Consent form.**