Practice name

Communication Consent

Please read both sections and initial each one. You may accept or decline the communication methods below individually. · Form version 1.0 · A copy of this signed form is available to you on request.

SECTION 1

Consent to contact you by text message, email and phone

You agree that this practice, and the software it uses to communicate with patients, may contact you at the phone number and email address you provide. Messages may include appointment reminders and confirmations, check-in links and intake forms, arrival and waiting-room updates, billing and payment notices, test-result notifications, and other messages about your care.

Message frequency varies with your appointments and care. **Message and data rates may apply.** Reply **STOP** to any text message to opt out at any time, and **HELP** for help. Opting out of text messages does not opt you out of phone calls or email; ask the front desk to change those.

> **This consent is not a condition of receiving treatment.** If you decline, the practice will contact you by another method and your care will not be affected.

Text messages and email are not fully secure. Someone with access to your phone or email account may be able to read them. Messages will be kept brief and will avoid clinical detail where possible, but some health information may appear.

☐ I agree to text messages ☐ I agree to email ☐ I agree to phone calls and voice messages

INITIALS

Preferred mobile number and email are recorded on the registration form.

SECTION 2

Who provides your care, and who provides the software

Your treatment and all clinical services are provided by practice legal name and its licensed clinicians. That practice is responsible for your care and for your medical record.

HyperClinic AI LLC provides the software this practice uses for check-in, clinical documentation and patient communication. HyperClinic AI LLC does not provide medical care, does not make clinical decisions, and is not your healthcare provider. It handles your information only on the practice's instructions, as a business associate under a written HIPAA Business Associate Agreement, and it does not use your health information for its own purposes.

Questions about your care, your medical record, or your bill go to the practice. The practice's Notice of Privacy Practices describes how your health information is used and disclosed, and your rights over it.

INITIALS

I have read and understand this section.

PATIENT NAME (PRINT)

DATE OF BIRTH

PATIENT SIGNATURE

DATE

IF SIGNED BY A PERSONAL REPRESENTATIVE — NAME AND AUTHORITY

DATE