



TEXT MESSAGE CONSENT FORM

For your convenience, the Texas Pulmonary Institute’s clinicians and administrative staff would like to offer you “Text Messaging Service”. The purpose of the text messaging service are to provide you the important clinical information, reminders, or other notifications, relevant to your Pulmonary (Breathing) Health.

I, _____, am providing my consent to the Texas Pulmonary Institute to communicate with me via text messages on my mobile phone number, _____. I understand that text message rates from my mobile service provider may apply and that I can opt-out of receiving these messages at any time by notifying Texas Pulmonary Institute in writing or following the opt-out instructions provided in the messages. I acknowledge that Texas Pulmonary Institute will comply with the Telephone Consumer Protection Act (TCPA) and other applicable federal regulations regarding text message communications. The TCPA restricts telemarketing calls and the use of automated telephone equipment, including text messages, to ensure consumer rights and privacy. I am aware that my consent is required for the use of any automatic telephone dialing system or prerecorded voice. This consent includes, but is not limited to, receiving messages related to:

- Appointment reminders
- Service updates
- Promotional offers
- Billing information
- Emergency alerts

By signing below, I acknowledge that I have read and understood the terms of this consent, including the federal regulations, and voluntarily agree to receive text messages from [Company/Organization Name].

Thank you.

Sincerely,

Patient’s Name _____

Patient’s Signature _____