Patient Consent for Post-Visit Text Messages

Post-Op AI, LLC - post-visit care communication service used by this practice

Practice information (completed by practice staff)

Practice name: _____

Practice phone: _____ Date of visit: _____

Patient authorization

Mark the box below only if you choose to receive text messages. This box is intentionally left blank; it must be marked by the patient or legal guardian. Consent is not a condition of receiving care.

☐ **I agree to receive automated text messages about my post-visit care.**

I authorize the practice named above and its post-visit communication service, Post-Op AI, LLC, to send automated text messages related to my post-operative or post-visit care at the mobile number I provide below. Message frequency varies and depends on my care plan and my responses (typically 1-5 messages per care episode). Message and data rates may apply. I can reply STOP at any time to opt out, or reply HELP for assistance. My mobile information will not be shared with third parties or affiliates for marketing or promotional purposes. Consent is not a condition of receiving care or treatment.

Mobile number for text messages: _____

Patient / guardian name (print): _____

Patient / guardian signature: _____

Date: _____

Opting out and getting help

Reply STOP to any message to stop all further messages. Reply HELP to receive contact information for the practice. You may also ask the practice at any time to remove your number.

Policies and contact

Privacy Policy: https://post-op.ai/privacy
Terms & Conditions: https://post-op.ai/terms
SMS consent details: https://post-op.ai/sms-consent

Post-Op AI, LLC - PO Box 772, Alton, UT 84710 - Phone: 435-590-7763 - Email: rob@post-op.ai
This form is provided to practices blank. The opt-in box above is never pre-marked.