Text Message Consent Form

Patient name

Date of birth

Mobile number

This form is optional. Signing it is not a condition of receiving care or any other service from SequenceMD, and declining will not affect your appointment or your treatment. If you do not sign, our staff will contact you by phone or email instead.

Please check the box below only if you agree.

☐ **I agree to receive recurring text messages from SequenceMD at the mobile number above, about** my appointments, scheduling, and clinic notifications. Message frequency varies. Message and data rates may apply. Reply STOP to opt out, HELP for help. Carriers are not liable for delayed or undelivered messages. The full program terms are at https://sequencemd.com/sms-policy/ and our privacy policy is at https://sequencemd.com/privacy-policy/.

Signature

Date

Privacy notice
SequenceMD does not send genetic test results or other sensitive medical information by text message.