**Absolute Holistic Medicine**

# SMS Message Consent Form

**First Name: _____ Last Name: _____**

**Email Address: _____**

**Cell Phone Number: _____**

**Privacy Policy: No mobile information will be shared with third parties or affiliates for marketing or promotional purposes. All OPT-IN requests include text messaging originator opt-in data and consent; this information will not be shared with third parties.**

**Dear Patients,**

**By submitting the contact form and signing up for texts, you consent to receive text messages about your appointments from Absolute Holistic Medicine, at the above number. Consent is not a condition of receiving acupuncture treatment. Message frequency varies based on the number of appointments and communication between you and our clinic. You can unsubscribe anytime by replying STOP and texting HELP to get help.**

**I have read and agree to the Privacy Policy, Terms and Conditions.**

**Patient Signature: _____**

**Date: _____**