OrthoCentric AI, LLC
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Patient SMS Communication Consent

Sample form for review by mobile carriers and Campaign Registry (TCR). The actual form a patient signs is co-branded with the contracted orthopaedic surgical practice.

SMS consent is voluntary. Consent to receive text messages is NOT a condition of receiving medical care, surgery, post-operative follow-up, or any other service from the orthopaedic surgical practice. A patient who declines SMS consent will continue to receive identical medical care through telephone, patient portal, and in-person communication.

1. What you are consenting to

By signing this form, I voluntarily authorize [Practice Name] and its software vendor, OrthoCentric AI, LLC, to send and receive SMS (text) messages to and from the mobile number I provide below, for the purposes described in Section 2.

2. Types of messages

Enrolled patients receive the following message types:

- Post-operative check-ins — brief recovery questions during the first 6 weeks after surgery.
- Appointment reminders and confirmations — for scheduled follow-up visits.
- Care-team callbacks — responses from clinical staff to questions the patient has sent.
- Acknowledgements — confirmation that a message the patient sent has been received and routed.

3. Message frequency

Typical patients receive between 1 and 5 messages per week during the first 6 weeks after enrollment, and fewer messages thereafter. Actual frequency depends on the patient's recovery and the messages the patient sends.

4. Message and data rates

Standard message and data rates from your mobile carrier may apply. OrthoCentric AI and [Practice Name] do not charge patients to receive or send messages. Consult your mobile carrier for details about your plan.

5. How to opt out

You may revoke this consent at any time, for any reason. Opting out will not affect your medical care.

- Reply STOP (or STOPALL, UNSUBSCRIBE, CANCEL, END, QUIT) to any SMS message. You will receive a single confirmation message, and no further SMS messages will be sent.
- Or, contact the practice directly by phone or in person and ask to be removed from SMS communication.
- Or, email contact@orthocentricai.com to be removed from the SMS Program.

6. Help and emergencies

Reply HELP or INFO to any message for help with the SMS Program. The SMS Program is not for medical emergencies. If you are experiencing a medical emergency, call 911 or go to your nearest emergency department. SMS messages are not monitored in real time and may be delayed by your mobile carrier.

7. Privacy

Mobile phone numbers and SMS message content are used only to deliver and respond to program messages on behalf of the orthopaedic surgical practice. Mobile phone numbers and SMS message content are never shared with third parties or affiliates for marketing or promotional purposes, and are never sold. See orthocentricai.com/privacy for full details.

8. Patient information

Patient full name _____

Date of birth _____

Mobile phone number _____

Mobile carrier (optional) _____

I certify that I am the authorized user of the mobile phone number listed above. I will notify the practice promptly if my mobile phone number changes.

9. Acknowledgement

I have read and understand the information above. I acknowledge and agree that:

- ☐ My consent to receive SMS messages is voluntary.
- ☐ My consent to receive SMS messages is not a condition of receiving medical care, surgery, post-operative follow-up, or any other service from the practice.
- ☐ I may revoke this consent at any time by replying STOP to any message, by contacting the practice, or by emailing contact@orthocentricai.com.
- ☐ Standard message and data rates from my mobile carrier may apply.
- ☐ The SMS Program is not for medical emergencies; for emergencies I will call 911.
- ☐ My mobile phone number and SMS message content will not be shared with third parties or affiliates for marketing or promotional purposes, and will not be sold.

10. Signature

Patient (or parent/guardian) signature _____ **Date** _____

Printed name _____ **Relationship (if not patient)** _____

Practice staff who reviewed this form _____ **Date** _____

This is a sample form. Patients of contracted practices sign a co-branded version of this form during a clinical encounter. The signed form is retained in the patient's medical record. OrthoCentric AI, LLC operates the SMS Program as a software vendor on behalf of the contracted orthopaedic surgical practice and processes patient data under a Business Associate Agreement.
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