

CONSENT TO RECEIVE TEXT MESSAGES AND EMAILS

By signing below, I authorize **EAST FLORIDA PREMIUM MEDICAL CARE** to contact me by _____SMS text message and /or _____emails to serve me better. EAST FLORIDA PREMIUM MEDICAL CARE will send me text messages and /or emails through its member outreach program to help me stay healthy, including:

- Timely reminders about needed doctor visits
- How to get help scheduling my visits and transportation at no cost
- Tips for keeping me safe
- Information to help me manage my illnesses

I understand that message/data rates may apply to messages sent through East Florida Premium Medical Care to my cell phone and that I may receive up to 20 texts a per month.

I know that I am under no obligation to authorize East Florida Premium Care to send me text messages as part of this program.

I may opt-out of receiving these communications for East Florida Premium Medical Care at any time by calling East Florida Premium Medical Care at 954-724-3440.

Name: _____

Signature: _____

Witness / Guardian Name: _____

Relationship: _____

Date: ____/____/____