



As a current customer, we may need to contact you regarding your treatment, supplies, appointments and/or billing. By Opting in you are authorizing Respicare to send text messages and emails regarding your care. We will not send a text message or email without your consent.

\_\_\_\_\_ **OPT-IN** - I would like to receive text messages and emails. *(Not applicable for Medicare and Medicaid insurances)*

**Other Options:**

\_\_\_\_\_ I would like to receive an email only

\_\_\_\_\_ I would like to receive a text only

\_\_\_\_\_ I DO NOT wish to opt-in at this time **(CALLS ONLY)**

**I understand that I may opt out of this agreement or change how I receive information at any time by calling 888-880-6640.**

**Agreement:**

Customer Name (Please Print): \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Email: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Relationship to Customer (if unable to sign): \_\_\_\_\_ Reason unable to sign: \_\_\_\_\_

*Use of provider/customer email can improve communication between you as an individual and our company. However, due to the potential risk involved with email use and privacy, it is important that you understand that we will never share your email address, or contents of emails, and will only be used to communicate with you regarding products and/or treatment.*