

**SMS Consent Form**

Abacus Business Consulting, Inc. (Hereafter referred to as “Abacus”) is committed to protecting your privacy and complying with all applicable federal and state laws, including the Health Insurance Portability and Accountability Act (HIPAA). By signing this form, you authorize Abacus to contact you via SMS regarding scheduling and appointment reminders and acknowledge your rights regarding privacy and confidentiality of your protected health information (PHI).

**Disclaimer:**

I understand that electronic communications (text message and email) may not be fully secure. Abacus will take reasonable steps to protect my information but cannot guarantee the security of communications sent outside of its secure systems.

I understand that I may revoke this authorization at any time by providing written notice to Abacus.

No phone/mobile number information will be shared with third parties or affiliates for marketing or promotional purposes.

Messaging frequency may vary.

Message and data rates may apply.

Text **HELP** for Support or **STOP** at any time to Unsubscribe.

Authorization & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_