

MASTRACCO



FOOT & ANKLE

6227 Frank Ave NW
North Canton, OH 44720
330-244-8989
Mastraccofootandankle.com

Consent to Receive Text Messages

By signing below, I authorize **Mastracco Foot & Ankle LTD** to contact me by SMS Text Message to receive up-to-date information about my health.

I understand that message/data rates may apply to messages sent by **Mastracco Foot & Ankle LTD** under my cell phone plan.

My mobile phone number is _____.

I know that I am under no obligation to authorize Mastracco Foot & Ankle LTD to send me text messages. I may opt-out of receiving these communications at any time the following ways:

1. Calling the office at **Mastracco Foot & Ankle LTD**.
2. Responding Stop to any SMS messages from **Mastracco Foot & Ankle LTD**.

Privacy Policy

Example: We are committed to maintaining the accuracy, confidentiality, and security of your personally identifiable information ("Personal Information"). Personal Information will be protected by security safeguards that are appropriate to the sensitivity level of the information.

We take all reasonable precautions to protect your Personal Information from any loss or unauthorized use, access or disclosure.

By signing below, I indicate I am the primary user for the mobile phone number listed above, I accept the risk explained above and consent to receive text messages from **330-244-8989** to the phone number that I have provided.

Patient Name: _____

Signature: _____

Date: _____

Date of Birth: _____