

## AS YOU ARE

### HIPAA AUTHORIZATION FOR USE/DISCLOSURE OF INFORMATION, CONSENT TO RECEIVE TEXT MESSAGES

For your convenience, Quadrant Biosciences Inc., its subsidiaries, and any/all of its affiliated entities (“As You Are”) offers its patients the option to receive text messages regarding important reminders, links to complete paperwork and appointment scheduling, and links to access their appointments. Because As You Are respects the privacy of your protected health information, we also want to provide you with the following information so that you can make an informed decision about receiving these text messages.

I specifically authorize text messaging communication with As You Are.

- I understand texting over mobile/cell phones carries security risks because text messages to mobile/cell phones are not encrypted. This means that information you receive by text message could be intercepted or viewed by an unintended recipient, or by your mobile/cell phone provider or carrier. Such information could include protected health information.
- I understand that I am responsible for all fees charged by my carrier’s service plan for text messaging. As You Are and affiliates are not responsible for any increased charges, data usage against plan limits or changes to data fees I may be charged from text messaging.
- I understand that I may decide to opt out of this texting program at any time by texting STOP to BESEEN (237336) or contacting support@asyouare.com.
- I understand it is my responsibility to update my mobile/cell phone number that was provided at intake by contacting support@asyouare.com.
- I understand that I **am not** required to sign this authorization. As You Are does not condition treatment, payment, benefit eligibility, or enrollment activities on the signing of this form. I can request a copy of this authorization be mailed to me.
- I understand the risks and other information covered above and wish to receive text message updates.

If not revoked/withdrawn by me, this authorization expires five (5) years from the date that I sign it.

☐ By checking this box, I am authorizing text messages from As You Are.

Patient Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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