



PATIENT CONSENT AND AUTHORIZATION FOR TREATMENT

I, the undersigned am the patient, or the patient's duly authorized representative, and do hereby voluntarily consent to and authorize medical care and treatment by Family First Wellness Center (FFWC) through its individual physicians employees, and/or agents. Such care may include, but not be limited to, diagnostic procedures, other treatments and medications, and procedures considered advisable in my diagnosis, treatment, and course of care. I acknowledge that no guarantees can be made or have been made as to results of treatments or examinations at FFWC. Certain non-clinical services may operate on an opt-out basis. **SMS text messaging requires separate patient consent**, as outlined below.

Communication: I authorize FFWC to Communicate information about my condition and treatment to designated personnel as per privacy practice policies.

Procedures: I consent to medical procedures rendered by my physician within the scope of standard Family Medicine services. Additional procedural consent will be obtained per state law requirements when necessary.

Teaching: I understand that FFWC is a teaching center and I may come into contact with medical trainees. I reserve the right to refuse when necessary.

Technology: I consent to the use of regulated technology in the delivery of my healthcare services. This includes: telehealth visits, patient portal, electronic kiosk, text messaging and any additional electronic communication not specifically stated. I reserve the right to refuse when necessary.

SMS Text Message Consent

By checking the box below and providing my mobile phone number, I **voluntarily consent** to receive SMS text messages from **Family First Wellness Center (FFWC)** related to:

- Appointment reminders
- Service or care-related updates
- Healthcare communications directly related to my treatment

Message frequency varies. **Message and data rates may apply.**

I understand that I may **opt out at any time by replying STOP** and may receive assistance by replying **HELP**. I acknowledge that SMS text messaging is not a secure method of communication and consent to receive messages as described.

I understand that my consent to receive SMS messages is **not required to receive medical care or services.**

YES, I consent to receive SMS text messages from FFWC

I have reviewed the Text Messaging Policy and Privacy Policy, which have been provided to me

In consideration of services provided by FFWC, I hereby assign and transfer to FFWC any and all rights, entitlement and interest in all benefits and payments now due and payable, or that become due and payable, under any insurance policies, any replacement policies, any self-insurance program, employers and state welfare funds, or under any other benefit or entitlement plan. I authorize the release of any medical information deemed necessary by FFWC or its agents or divisions to my insurance carrier or any entitlement program provider in order to determine the benefits applicable to this date of service. This authorization shall remain valid until written notice is given by me revoking said authorization.

I understand that I am financially responsible for all charges, whether or not they are covered by my insurance carrier or entitlement plan, including Medicare. I understand that I am responsible for paying any co-payment or deductible amounts at each clinic visit.

I acknowledge that I have received Family First Wellness Center's Notice of Privacy Practices & Welcome Packet and consent to treatment. I confirm that I have read, or have had this form read to me, and all questions related to this form have been answered by FFWC providers.

Patient Name (please print)

Date of Birth

Signature

Date

Relationship to patient, if consent not signed by patient

Telephone Number