



**Consent to Receive Communications via E-mail, Telephone Calls, Text Messages,  
Messaging and Postcards**

By signing below, I specifically request and expressly consent to receive from Rest Assured Pulmonology Inc and/ or its affiliated organizations, business associates and service providers (collectively & “Rest Assured Pulmonology Inc”) under the terms of this consent, messages and other communications (collectively, the “Communications”) to me through e-mails, telephone calls to my cell phone or landline (including voicemail messages on these lines), text messages, and/or postcards at the telephone number(s) and/or street address(es) that I have provided to Rest Assured Pulmonology Inc. I acknowledge and agree that the Communications may include but are not limited to: written or verbal messages reminding me of my appointments; information about my account balances or other billing or payment information; preventive care recommendations; instructions on how to electronically access my summary of care record following my evaluations; and reminders regarding Rest Assured Pulmonology Inc policies and procedures and patient satisfaction surveys.

I expressly acknowledge and agree that this consent includes communications that may contain Protected Health Information (“PHI”) as described in Rest Assured Pulmonology Inc’s Notice of Privacy Practices, including information about my diagnosis, medications, laboratory test results and other treatment related information.

I agree that I am solely responsible and liable for the confidentiality and security of the street or email address(es) or telephone number(s) (cell and/or landline) that I provide to Rest Assured Pulmonology Inc, the security of the devices upon which I view or access the Communications, and the risks inherent in using electronic means to access the Communications, including risks that the Communications can be intercepted, altered, forwarded or used without authorization or detection.

I acknowledge and agree that I can designate a different email address or telephone number for the Communications by calling Rest Assured Pulmonology Inc, and I should do so if I believe that the address/telephone number that I provided to Rest Assured Pulmonology Inc is no longer secure or valid. I also acknowledge and agree that if I do not timely update my e-mail address/telephone number with Rest Assured Pulmonology Inc

*Rest Assured Pulmonology Inc*



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notification of important information and/or the possible disclosure of the communications to an unauthorized person.

I acknowledge and agree that I may opt-out of receiving the Communications from Rest Assured Pulmonology Inc, through the channels described above by following the opt-out directions contained in the texts and/or verbal automated messages that I receive from Rest Assured Pulmonology Inc or by calling Rest Assured Pulmonology Inc at 727-500-5161.

I understand that Rest Assured Pulmonology Inc does not charge for providing me the communications, but I am responsible for any costs or expenses associated with the maintenance or operation of my e-mail or telephone accounts including, without limitation, text messaging fees that may be charged by my wireless carrier.

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Patient / Patient Representative's Signature