

MEDICAL CENTER

OBSTETRICS PATIENT CONSENT FOR PATIENT RELATIONSHIP MANAGEMENT (PRM)

Description: _____ can send text messages to your cell phone to remind you about upcoming appointments. This service will allow you to confirm that you will come to your scheduled appointment. If you decide to participate, you will get text messages reminding you about appointments. Also, if you miss a scheduled appointment, _____ may call you.

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| <p>1 Consent If you would like to participate in this service, please read this consent form and ask questions about anything you don't understand before deciding whether or not to take part. Your consent to participate starts on the day that you sign this form and ends when you tell us that you no longer want to participate.</p> | <p>5 Risks Text messages are not always secure. Messages travel over networks that _____ Health does not own or control. We cannot promise that no one else will see a message. For example, if you lose your cell phone or you let someone else use your phone, that person might see your _____ Health messages for your appointments. If you share your cell phone with someone else, do <u>not</u> consent to be in this service.</p> |
| <p>2 Benefits This program will help remind you about upcoming appointments in _____ Health clinics. It should also make it easier for you to communicate with Denver Health to confirm appointments. This can help you better manage your own care.</p> | <p>6 Who to contact If you have any questions about your medical care, you should call your regular doctor or clinic during business hours. You can also call the NurseLine for advice, 24 hours a day, 7 days a week. The NurseLine is _____. In case of an emergency, you should call 911.</p> |
| <p>3 Communication methods Denver Health wants to send you messages in a convenient way. This communication includes sending SMS text messages and phone calls. In the future, we may ask you to consent to other communication methods.</p> | <p>7 Costs that you might have to pay If your cell phone carrier charges for text messaging, you may be billed for the cost of the text messages, the same way that you would for any other text message that you send or receive. If _____ Health calls you to follow up about an appointment, this phone call will use cell phone plan minutes.</p> |
| <p>4 Taking part in this service is voluntary You have the right to choose not to take part in this service. If you choose to take part, you can stop at any time. If you refuse or decide to withdraw later, you will not lose any benefits or rights to which you are entitled.</p> | <p>8 To stop receiving test messages You can take back your consent and "opt out" at any time by writing to: _____, _____, by calling _____, or by texting "STOP" in response to a message sent by Denver Health.</p> |

Agreement to be in this program

This consent form has been fully explained to me and that I have read it or have had it read to me. I understand the Patient Relationship Management program, its risks, benefits, and possible costs, and I want to participate. I authorize Health to send me text messages or call me about appointments. I will get a copy of this consent form.

Cell phone number: _____ Preferred Language: _____ Spanish _____ English

Patient's Signature: _____ Date: _____

DHHA Signature: _____ Date: _____ Time: _____

Was an interpreter used? Yes No N/A Interpreter: _____ (name).