SAN PEDRO EYE CARE

An NVISION® Eye Center

PATIENT AUTHORIZATION TO RECEIVE THIRD-PARTY ELECTRONIC COMMUNICATION

Dear _____,

Laser Eye Care of California, LLC, Laser Eye Care of California II, LLC, and the subsidiaries that collectively known as NVISION, utilize third-party services that provide electronic communications designed to assist with ensuring timely and accurate patient communications. These communications may come in the form of pre-recorded phone calls, text messages, and links to personalized videos. NVISION would like your consent to utilize these services to transmit limited information to you.

Electronic communications may include:

- Appointment reminders that contain the patient's first name, location of the appointment, and the purpose of the appointment.
- Attempts to collect additional insurance or patient information necessary to obtain prior authorization or treat a particular patient condition.
- Attempts to collect out-standing patient financial responsibility.

When applicable standard data rates may apply.

Risks

NVISION and our Business Associates will only send the minimal information necessary to accomplish the business or treatment purpose and make every effort to ensure the electronic communications are confidential. There are risks that these communications may be intercepted, and if so NVISION will not be liable for the nefarious use by unauthorized persons.

Patient Opt-In Agreement

I, _____, have been made aware that NVISION uses third-party organizations to send electronic communications such as texts, personalized videos, and email. I understand the risks associated with receiving these communications. I have decided to ***opt in*** to receive electronic communications to my personal contacts below:

Home Phone: _____

Cell Phone: _____ (data rates may apply)

Email: _____

_____ _____

Patient Signature Date

_____

Patient Printed Name

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Right to Opt-Out

As a patient you have the right to ***opt out*** of receiving electronic communications at any time. You may do so by contacting [name/number]. If you choose to opt out at this time, please check the box below and initial.

☐ At this time, I am opting-out of the receiving electronic communications. Patient Initials: _____