

Dzenan Lulic, a M.D., a Medical Corporation

Patient SMS Communication Consent Form

Patient Information:

- **Full Name:** _____
- **Date of Birth:** _____

We value clear and timely communication with our patients. By providing your phone number and checking the box below, you consent to receive text (SMS) communications from Dzenan Lulic, M.D., Medical Corporation, DBA Cal Oaks Primary Care. These communications may include, but are not limited to:

- Appointment reminders and notifications
- Updates regarding your visit
- Billing and insurance information updates
- **Privacy Notice:** Your privacy is important to us. We will use the phone number provided solely for communication related to your medical care and practice updates. We do not share your phone number with third parties for marketing purposes, except as required for billing and insurance purposes. Your information will be handled in compliance with all applicable privacy laws, including HIPAA.

Message Frequency: You may receive messages related to appointments, billing, insurance, and other healthcare-related updates. The frequency of these messages may vary.

Message and Data Rates May Apply: Standard message and data rates may apply depending on your mobile carrier and plan.

Opt-In Consent:

I consent to receive SMS text messages from Dzenan Lulic, a M.D., Medical Corporation for appointment reminders, marketing messages, and general two-way communication. Msg frequency varies. Msg&data rates may apply. Reply HELP for support. Reply STOP to opt out. Refer to our (<https://caloaksprimarycare.com/sms-privacy-policy/>) and (<https://caloaksprimarycare.com/terms-services/>) for more information”

Phone Number (to receive SMS messages): _____

Opt-Out Consent:

I do not consent to receive SMS text messages from Dzenan Lulic, a M.D., Medical Corporation

Acknowledgment:

By signing below, you acknowledge that you have voluntarily provided your phone number, understand the information provided regarding SMS communications, and agree to the terms of this consent form.

- **Signature:** _____
- **Date:** _____
- **If minor, Parent/Guardian Name (print)** _____
- **Parent /Guardian Signature:** _____