



# ORTHODONTICS

## Consent to Use Personal Information for Communication by GO Orthodontics

### 1. Information Collected

The information provided by you (such as your name, phone number, email address, and other relevant details) may be used by GO Orthodontics for the purpose of contacting you for the following reasons:

- Appointment reminders and updates
- Information regarding your treatment
- General communication related to our services
- Promotions, offers, and newsletters related to GO Orthodontics

### 2. Consent to Contact

By providing your phone number, email address, and other contact information, you consent to GO Orthodontics contacting you through:

- **Phone calls** (including automated calls, if applicable)
- **Text messages** (including SMS and MMS) By submitting this form and signing up for texts, you consent to receive marketing text messages (e.g. promos, cart reminders) from Go Orthodontics at the number provided, including messages sent by auto dialer. Consent is not a condition of purchase. Msg & data rates may apply. Msg frequency varies. Unsubscribe at any time by replying STOP or clicking the unsubscribe link (where available).
- **Emails** (including appointment reminders, treatment updates, and promotions)

### 3. Opting Out

You have the right to opt out of receiving phone calls, text messages, or emails at any time. To unsubscribe from text messages, please reply "STOP" to any text message sent by GO Orthodontics. For emails, you may click on the "unsubscribe" link in the email. For phone calls, please contact us directly to request removal from our contact list.

### 4. Privacy and Security

GO Orthodontics will take all necessary steps to protect the privacy and security of your information in accordance with applicable laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

### 5. Voluntary Participation

Providing your contact information and consent to communicate is voluntary. You are not required to provide consent in order to receive care, and you may withdraw your consent at any time without affecting your treatment.

By signing below, you acknowledge that you have read and understood this policy and consent to GO Orthodontics using your contact information for the purposes outlined above.

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_