



Consent to Receive Electronic Messages/Communications

Patients often request that we communicate with them by phone, voicemail, email, or text message. Center Professional Pharmacy respects your right to confidential communications about your protected health information (PHI), as well as your right to direct how those communications occur. Since email and text messages can be inherently insecure, we will only communicate by email or text message with patients over 18 years of age, with your written consent, at the personal email address and/or phone number you provide to us below.

When you consent to receive communications from us by email, voicemail or text, you agree to receive texts and emails that may not be encrypted, and voicemail or answering machine messages that could possibly be intercepted by others. Therefore, by consenting to receive such communications from us, you acknowledge and accept the risk that your protected health information could possibly be intercepted by a person(s) not authorized to receive such information.

Center Professional Pharmacy will not be responsible for any privacy or security breaches that may occur through any telephone (including answering machine messages), voicemail, email or text communication to which you are consenting. Additionally, Center Professional Pharmacy is not responsible for any SMS or text messaging fees imposed by your wireless carrier.

- I consent to all communication, including but not limited to communication about my prescription(s) and/or medical condition, by any of the following means: email, text message (SMS), and voicemail (includes voice messages left on answering machines).
- I request access to Center Pharmacy's Rx refill website, **Refill Control CenterRx**, and understand that my consent to receive all communication (above) is an ongoing condition of such access.
- I do not consent** to any voicemail, email or texting communication. I understand that by withholding this consent, I will not be able to access Center Pharmacy's online refill tools (web and/or mobile).
Note: If necessary to service your account, we may attempt call you in person, but will not leave a message if you do not answer.

Patient Name: _____ Patient Date of Birth _____

E-mail address you are consenting to communicate through: _____

Cell phone number you are consenting to communicate through: _____

Patient Signature: _____ Date _____

Authorized Representative/Guardian Signature: _____ Date _____

Your Refill Control CenterRx user name is the personal email address you entered above. Your password is your 10-digit cell phone number entered above, unless you specify a different password here: _____

Please return this form to any Center Pharmacy employee, fax to 760-446-4600, or scan signed form and email to noreply.centerpharmacy@rrh.org. When your consent has been recorded, you will receive invitations via email and text, with links to the Rx refill sites (web and mobile). Please allow up to 3 business days to receive these links.