



Consent to Receive Electronic Communications

By providing your email address and telephone number to Apogee Behavioral Medicine you are agreeing Apogee Behavioral Medicine or, on behalf of Apogee Behavioral Medicine, one or more of our business partners (collectively "Apogee Behavioral Medicine") may contact you at the email address and the telephone number provided. Such communication may include emails to your email address and text (SMS) messages to your cell phone and other wireless devices, and the use of an automatic telephone dialing system, artificial voice, and prerecorded messages, to provide you with marketing and promotional materials relating to Apogee Behavioral Medicine products and services.

I agree to receive electronically all communications, documents, notices, and disclosures that Apogee Behavioral Medicine provides in connection with my account and transactions.

I agree that Apogee Behavioral Medicine may transmit my protected health information, such as information about your appointments and other individually identifiable information about my treatment, via email or text (SMS) message. I further acknowledge that there are risks inherent in the electronic transmission of information by email or text (SMS) message, and that such correspondence may be lost, delayed, intercepted, corrupted, altered, rendered incomplete or undelivered and that such information transmitted by email or text (SMS) message may be unencrypted.

I understand that it is my responsibility to keep my primary email address up to date so that the company can communicate with me electronically. I understand and agree that if the company sends me an electronic communication but I do not receive it because my primary email address on file is incorrect, out of date, blocked by my service provider, or I am otherwise unable to receive electronic communications, the company will still be deemed to have provided the Communication to me.

I understand I may withdraw my consent to receive electronic communications by writing to Company and mailing my withdrawal of consent to:

Apogee Behavioral Medicine
445 Dolley Madison Road, Suite 100
Greensboro, NC 27410

I hereby state that I have read, understood, and agree to the terms of this document and I consent to receive all communications electronically as stated above.