

PATIENT COMMUNICATION CONSENT & OPT-IN AGREEMENT

Organization: Empleo Services, LLC (DBA Bluebird Solutions)

Address: 392 East Winchester, Suite 400, Salt Lake City, UT 84107

Support Phone: 801.810.7192

1. PURPOSE OF COMMUNICATIONS

By signing this form, you consent to receive communications via email and SMS (text messaging) from **Empleo Services, LLC (DBA Bluebird Solutions)**. These communications are strictly **transactional** in nature, focused on provider and payor purposes (e.g., billing notifications, account alerts, and coordination of services). We do **not** use these channels for general marketing or promotional purposes.

2. SMS TERMS & CONDITIONS (TCPA/FCC COMPLIANCE)

- **Message Frequency:** You can expect to receive approximately 4 messages per month.
- **Cost:** Message and data rates may apply depending on your mobile carrier plan.
- **Opt-Out:** You may opt out of SMS communications at any time. Reply **STOP** to any message to unsubscribe. You will receive one final text confirming your opt-out.
- **Support:** Reply **HELP** to any message for assistance, call our office at **801.810.7192**, or visit our website at <https://getbluebirdsolutions.com/>.

3. HIPAA & SECURITY LIABILITY WAIVER

Standard email and SMS text messaging are not encrypted methods of communication. While Bluebird Solutions maintains secure internal records, messages transmitted over public cellular or internet networks are at risk of being intercepted or read by unauthorized third parties.

- **Acknowledgement:** By consenting, you acknowledge these inherent security and privacy risks.
- **Waiver:** You waive any liability against Empleo Services, LLC (DBA Bluebird Solutions) and its contracted providers for any unauthorized access to your Protected Health Information (PHI) that occurs during the transmission of standard SMS or email messages.

4. PRIVACY PROTECTION & THIRD-PARTY SHARING

Your privacy is our priority. **Mobile information, opt-in data, and consent will not be shared with or sold to any third parties or affiliates for marketing or promotional purposes.** Full privacy details are available at <https://getbluebirdsolutions.com/privacy-policy/>.

PATIENT ACKNOWLEDGMENT & SIGNATURE

By checking the box or signing below, I certify that I have read and agree to the terms above. I authorize Empleo Services, LLC (DBA Bluebird Solutions) to contact me via the mobile number and email provided.

I CONSENT to receive transactional SMS and Email communications.

Patient Name (Printed): _____

Mobile Phone Number: _____

Email Address: _____

Patient Signature: _____ **Date:** // _____