

INFORMED CONSENT AND AUTHORIZATION TO RECEIVE ELECTRONIC COMMUNICATIONS

PLEASE CAREFULLY READ AND SIGN

By signing below, I, (or my legally authorized representative on my behalf) authorize rtNOW LLC to communicate with me using electronic communications including but not limited to, text messaging including SMS, electronic mail (Email), and videoconferencing as applicable to provide information as necessary to assess and maintain my health, to assess, diagnose, and treat my illness.

I authorize rtNOW LLC to send me electronic mail to the email address and automated text messages to the telephone number designated below with updates on the status of my condition, treatment, registration, reminders, and information about my device.

I understand that text messages sent via standard SMS are not encrypted or secured. I also understand that I may unsubscribe and stop receiving text messages at any time by replying STOP at any time. Message and data rates may apply. I further understand that communications sent via electronic mail and text messaging may not be secure. By opting-in to receiving electronic mail and text messages, I am acknowledging that these are not a completely secure means of communication.

While rtNOW LLC has taken reasonable measures to protect the confidentiality of my information, I understand there is a risk that any information sent via electronic mail and/or text message may be subject to unauthorized disclosure or intercepted by unauthorized third parties.

I understand that the use of electronic mail and text messaging is not required, and I may revoke my consent to receive electronic communications at any time by submitting a request to rtNOW LLC via email at connect@rtnow.net or by post mail sent to rtNOW LLC, 452 N Franklin St Suite C, Frankenmuth, MI 48734. This authorization shall be valid until the completion of my treatment or until I revoke it.

I understand that I am entitled to a copy of this form upon my request and I may view or download a copy of this form at:

<https://rtnow.net/wp-content/uploads/2023/12/rtNOW-Consent-to-Electronic-Communication.pdf>

____ **Yes**, I understand the risks of unencrypted text messages and do hereby consent and authorize rtNOW LLC and others on its behalf to send me updates on the status of my condition and treatment, registration, reminders, and information about my medical device via text messages. I agree to notify rtNOW LLC immediately if I am no longer the owner or authorized user of the phone number identified below.

Print phone number authorized to receive text messages: _____

Patient Name: _____

Signature: _____ Date: _____

Patient or Authorized Representative

____ **Yes**, I understand the risks of electronic mail and do hereby consent and authorize BLANK and others on its behalf to send me updates on the status of my condition and treatment, registration, reminders, and information about my medical device via electronic mail. I agree to notify rtNOW LLC immediately if I am no longer the owner or authorized user of the email address identified below.

Print email address authorized to receive emails: _____

Patient Name: _____

Signature: _____ Date: _____

Patient or Authorized Representative

____ **No**, I do not consent to receive electronic mail and automated text messages with updates on the status of my registration and treatment, and information about my device.

Patient Name: _____

Signature: _____ Date: _____

Patient or Authorized Representative