

**WEGMANS PHARMACY
CONSENT TO TEXT ALERTS SERVICE USING A SHARED PHONE NUMBER**

To be effective, both Parts I and II must be completed and returned to Wegmans Pharmacy.

Part I Patient Consent:

By signing below, I authorize Wegmans Pharmacy to send alerts via SMS text message to the following individual: _____ (my "Proxy") at the cellular telephone number set forth in Part II, who will be able to view my personal health information within messages sent to that number.

I understand that my Proxy may receive text alerts that include my individually identifiable health information including but not limited to prescription names and drug information about medications I am taking, refill reminders, and other information for the purpose of filling prescriptions or providing pharmacy services. I intend this Consent to remain in effect indefinitely unless I designate the following expiration date: _____.

I understand that I have the right to revoke this authorization at any time. If I revoke this authorization, I must do so in writing and mail or deliver my written revocation to Wegmans Pharmacy. I understand the revocation will not apply to information that has already been released in reliance on this Consent before Wegmans Pharmacy received my written notice of revocation.

I understand that authorizing the designation of a Proxy is voluntary and that I can refuse to sign this Consent. I understand that if I refuse to sign this Consent, Wegmans Pharmacy cannot deny or refuse to provide treatment.

I understand that before returning this Consent, I should keep a signed copy for my records by either: (1) making a photocopy of the signed Consent; or (2) completing and signing a duplicate Authorization form I received or printed. My Proxy should also keep a signed copy for his or her records.

Patient's Printed Name	Patient's Signature	Patient's Date of Birth	_____, 20____ Date Signed
Patient's Printed Name	Patient's Signature	Patient's Date of Birth	_____, 20____ Date Signed
Patient's Printed Name	Patient's Signature	Patient's Date of Birth	_____, 20____ Date Signed
Patient's Printed Name	Patient's Signature	Patient's Date of Birth	_____, 20____ Date Signed

Part II Proxy Consent to Receive Text Messages:

By signing below, I consent as Proxy to receive automated healthcare text messages from Wegmans Pharmacy relating to the above-mentioned patient(s), at the cellular telephone number below. I understand this service can be stopped at any time by texting STOP to 67056.

Proxy Signature: _____ Telephone Number: (____) ____ - _____

Relationship to Patient: _____