Project Turnabout

Consent for Post-Discharge Text Message Communication

Purpose and Description of Communication

- Project Turnabout may communicate with former patients via text message (SMS) following discharge for purposes related to recovery support, alumni engagement, appointment reminders, follow-up care coordination, and general program information.

- These communications are intended to support ongoing wellness and connection with Project Turnabout's recovery community.

- Participation in post-discharge text messaging is **voluntary** and **not required** for admission, continued treatment, or access to services. Choosing to opt out will not affect the care or services you receive.

Nature of Electronic Communication

- Text messages may include, but are not limited to:
  - Appointment or follow-up reminders
  - Alumni or recovery-related event notifications
  - General health, wellness, or recovery support messages
  - Surveys or program satisfaction feedback opportunities

- Text messages are sent using secure systems to the extent possible; however, standard SMS text messaging is **not encrypted** and may pose privacy risks.

- Standard messaging and data rates may apply based on your cellular service plan.

Right to Withdraw or Revoke Consent

You have the right to revoke this consent at any time by:

- Replying "STOP" to any Project Turnabout text message

Revocation will take effect within a reasonable period following receipt of your request and will not affect any communications sent prior to that date.

Authorization and Acknowledgment

Please indicate your preference by checking **one** option below:

☐ **I CONSENT (OPT IN)** to receive post-discharge text message communications from Project Turnabout.

☐ **I DO NOT CONSENT (OPT OUT)** to receive post-discharge text message communications from Project Turnabout.

By signing below, I acknowledge that I have read and understand this consent form. I understand the risks, benefits, and conditions of participation. I authorize Project Turnabout to contact me at the phone number listed below for the purposes described above.

Patient Name: _____
Date of Birth: _____
Mobile Phone Number: _____

Patient Signature: _____ **Date:** _____