

Communication Method Disclosure and Consent

Advocate Aurora Health (AAH) requires a Guarantor be associated to each medical service account. The Guarantor may or may not be the patient receiving services but is the person who is financially responsible for payment of any charges/balances for the services received.

AAH communicates with its patient population in a variety of ways, using information the Guarantor provides, including land line phone, cellular phone, text messaging, email, fax messaging and U.S. mail.

By signing below, you

1. Consent and agree to receive telephone calls, text messages, and other communications, including autodialed calls and pre-recorded messages from AAH, its affiliates, agents, independent contractors and collection agents. These communications may be in regard to services received at AAH and your financial obligations related to those services. I understand this consent applies to all current and future medical service accounts for which I am the Guarantor.
2. Understand you may be charged for such calls, messages, or other communications by your wireless carrier.
3. I understand it is my responsibility to inform AAH if I choose to withdraw this permission. I can withdraw this consent at any time by contacting any of our AAH facilities.

Please see our [Notice of Privacy Practices](#) to understand how we may disclose this information.

I have read, fully understand and agree to the above:

Date: _____ Time: _____ Signature: _____

Guarantor Name (please print): _____

Interpreter Assistance: If an interpreter assisted, please complete the following: Language: _____

Date: _____ Time: _____ Interpreter Name: _____ ID #: _____

