



**Consent for Text & Email Communication**

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

By checking this box, you agree to receive text communication from Axiom Brain Health. Text communications will be limited to appointment reminders and notification of research studies you may be qualified to take part in.

If you would like to stop receiving text communications, reply STOP to Opt-out and reply HELP for help. Text communication frequency varies. Text message and data rates may apply. Carriers are not liable for delayed or undelivered messages.

By checking this box, you agree to receive email communication from Axiom Brain Health. Email communication will be limited to appointment reminders and notification of research studies you may be qualified to take part in.

If you would like to stop receiving email communication, reply UNSUBSCRIBE to Opt-out and reply HELP for help. Email communication frequency varies. Carriers are not liable for delayed or undelivered email communication.

NOTE your phone number and/or email address will not be sold or shared outside of the organization.

Signature

Date