

Patient Communication Authorization

2025

This **Patient Communication Authorization** (“Authorization”) forms part of the **RETAIN Terms of Service** and is automatically accepted by any user (“Practice,” “you,” or “your”) upon creation of an account or continued use of RETAIN’s platform or services.

1. Purpose

The purpose of this Authorization is to permit **RETAIN, LLC** (“RETAIN,” “we,” “us,” or “our”) to contact individuals (“Patients”) that you, the Practice, add, invite, or otherwise refer to the RETAIN platform, in order to promote engagement, education, and continued use of the RETAIN system and related services.

2. Authorization to Contact Patients

By adding or inviting a Patient to RETAIN, you expressly acknowledge and agree that:

- You have obtained all necessary consent and/or authorization from the Patient to share their contact information with RETAIN for communication purposes.
 - RETAIN is authorized to contact such Patients via email, text message, phone call, or other electronic means to:
 - Invite them to access or activate their RETAIN account;
 - Provide onboarding or support information;
 - Send reminders, educational materials, or engagement communications related to the RETAIN service.
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3. Scope and Limitations

- RETAIN will only use Patient information as reasonably necessary to provide the RETAIN service and for purposes consistent with this Authorization.

- RETAIN will not sell, lease, or disclose Patient information to any third party, except as necessary to deliver the service or as required by law.
 - All communications from RETAIN to Patients will include clear opt-out or unsubscribe options.
 - RETAIN will handle all Patient information in accordance with applicable laws and our **Privacy Policy**, including HIPAA and other relevant data protection regulations.
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4. SMS/TEXT MESSAGING CONSENT

By logging into and/or subscribing to Retain Ortho services, you expressly consent to receive recurring SMS/text messages from Retain Ortho, LLC regarding your account, services, or promotions. Message frequency may vary. Standard message and data rates may apply. You may opt out at any time by replying STOP. For help, reply HELP or contact us at info@iloveretain.com

You acknowledge that you are the authorized user of the phone number provided and that you are 18 years of age or older. Consent is not a condition of purchase.

5. Compliance

Both the Practice and RETAIN agree to comply with all applicable laws and regulations governing the collection, storage, and use of personal information, including patient privacy and data security requirements.

The Practice is responsible for ensuring that any Patient contact information provided to RETAIN has been obtained and shared in compliance with applicable privacy and consent requirements.

6. Duration

This Authorization remains in effect for as long as the Practice maintains an active account with RETAIN or until the Practice ceases use of the service and all associated Patient information is deleted in accordance with RETAIN's data retention policy.

7. Acceptance

By creating an account, logging in, or using RETAIN in any way, you acknowledge and agree to this Authorization as part of RETAIN's Terms of Service.