Electronic Communications Consent

Electronic communications consent, please review carefully.

First Name MI Last Name

Date of Birth / /

I understand that Ceeccil Quality Care Transportation LLC uses Electronic Communications to provide and manage non-emergency medical transportation services and can employ and use third-party and business associates related to its services. Electronic communications may have potential benefits such as increased access to care, improved continuity of care, convenience, communication, efficiency, and flexibility. Some potential risks are security and privacy concerns. Without electronic communication, consent may impact the quality of the service, such as causing some delays.

I consent that Ceeccil Quality Care Transportation LLC can provide its services and communicate with me via mobile phone, messages, e-mail, and any online communications, provided these communications comply with privacy regulations.

I understand that Ceeccil Quality Care Transportation LLC can reach me at any time to remind me of my ride and confirm or let me know in case of any change or reschedule, or cancelation. And to verify personal, medical history or current or insurance information, case management, complaints, claims, and others related to its service.

I understand I have the right to revoke this consent at any time; and by contacting Ceeccil Quality Care Transportation LLC at 720-669-0696 or fax 720-615-8666 during business hours.

I declare that the information provided is true and correct.

I sign this consent form on the behalf of (Myself or legal guardian).

Date of Sign

Signature