

EMAIL/TEXT CONSENT

I _______ understand that unencrypted email is not a secure form of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment. We will use the minimum necessary amount of protected health information in any communication.

Please Select One:

- A. _____ I CONSENT to and accept the risk in receiving information via email and or text. I understand I can withdraw my consent at any time
- B. ____I CONSENT ONLY to receiving appointment reminders via text/email. I understand I can withdraw my consent at any time
- C. _____I DO NOT consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Signature: _____

Date:_____



