

## Consent for Electronic Communication

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. Our first email to you will verify the email address you provide.

I consent and accept the risk in receiving information via email/text message. I understand I can withdraw my consent at any time. My email address is

Email \*

I do not consent to receiving any information via email. I understand that I can change my mind and provide consent later.

Print name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

**Patient Signature** (Sign with mouse)

Submit