

Electronic Messaging Consent

Your healthcare provider and/or practice (the Provider) offers the opportunity to communicate by email or text message (electronic messaging). This form provides information about the use, risks, and conditions of electronic messaging. This form also documents your consent for our communication with you by electronic messaging.

If you do not consent to electronic messaging, do not fill out or sign this form.

Our Use of Electronic Messaging

The Provider may use electronic messaging for a wide range of purposes, including but not limited to:

- Reminders for appointments, follow-up appointments, or actions to take prior to or following appointments
- Receipts for payments made to us
- Notices of statements or amounts due

Risks of Electronic Messaging

Electronic messaging has several possible risks that patients/parents/legal guardians should consider before using electronic messaging. If the patient/parent/legal guardian is worried about any of the risks listed below, and especially if the question or problem is urgent, then other forms of communication such as telephone communication must be used. Some of the possible risks of using electronic messaging include, but are not limited to, the following:

- Electronic messages can be sent on to other people, stored on a computer, or printed out on paper for storage.
- Electronic messages can be sent out and received by many recipients, some or all of whom may be sent the message accidentally.
- Electronic messages are easier to change than handwritten or signed documents.
- Electronic messages may be kept on computers/electronic devices even after the sender or the recipient believes they deleted his or her copy.
- Electronic messages can occasionally be intercepted, changed, forwarded, or used without authorization or detection.
- Employers and online providers may inspect emails and/or text messages sent through their company systems.
- Electronic messages can be used as evidence in court.

Conditions for the Use of Electronic Messaging

The Provider will use reasonable means to protect the security and confidentiality of electronic messages sent and received. However, because of the risks outlined above, the Provider cannot guarantee the security and confidentiality (privacy) of electronic messaging and will not be liable for improper use and/or disclosure of confidential information (including Protected Health Information (PHI) that is the subject of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)). Thus, the patient/parent/legal guardian must consent to the use of electronic messaging for patient information. Consent to the use of electronic messaging includes agreement with the following Conditions:

- IN A MEDICAL EMERGENCY, DO NOT USE EMAIL OR TEXT, CALL 911. Electronic messaging should never be used for urgent situations.
- Electronic messages are used by health care providers to send information to patients. When electronic messages are sent by a patient/parent/legal guardian to the Provider, there should not be an expectation of a response from the Provider. To be sure that your message is seen, please call the office.
- The Provider cannot engage in electronic message communication that is unlawful, such as practicing medicine across state lines.
- Your service provider (such as your phone plan or internet service provider) may charge you fees for the use of electronic messaging. You are solely responsible for any fees charged by other service providers for messages that you receive.

Withdrawal of Consent

After you've chosen to receive electronic communications, you may choose to withdraw your consent to receive at any time by informing your healthcare provider. Your provider may still retain copies of previously-sent electronic messages.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand the information the provider has provided me regarding the risks of using electronic messaging. I understand the risks associated with the communication of email or text messages between the Provider and me, and consent to the Conditions outlined above. In addition, I agree to the above instructions, as well as any other instructions that the Provider may impose regarding communication via electronic messages.

Patient Last Name *

Patient Date of Birth *

Email Address *

Cell Phone *

Parent/Guardian Name

If applicable

Patient/Parent/Guardian Signature *

Clear

Electronic Messaging Consent will be submitted to COLLABORATEMD

Submit

You have 5 required fields to fill out. [Click here to show them.](#)

