ELECTRONIC COMMUNICATION AUTHORIZATION

Our office may respond to your inquiries electronically via email and text messaging, or in real-time virtual visits (Telemedicine). In order for us to do so, you must provide your consent, recognizing that these mediums are not a secure form of communication. There is a potential risk that your health information, and other sensitive or confidential information that may be contained in such electronic communications, may be misdirected, disclosed to or intercepted by, unauthorized third parties. We will use the minimum necessary amount of protected health information to respond to your query.

If you wish to conduct this discussion via email, texting or by a virtual visit, please indicate your understanding and acceptance of this risk. You may withdraw your consent at any time. Alternatively, please contact our office to make other arrangements if you decide against corresponding electronically.

By signing below, you consent to using the above mentioned methods as a means of communication with our office.

_____ _____

Signature Date

_____ _____

Print Your Name Email

_____

Mobile Number (for texting)