



CONSENT FOR EMAIL/TEXT COMMUNICATION

Unencrypted email and texting 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 or text may be misdirected, disclosed to, or intercepted by unauthorized third parties. You will not hold CAN Community Health liable if others access your email or text messages from your computer, phone or another mobile device.

By signing below, you may consent to receive email and/or text messages from us regarding your treatment. Email and texts sent to you may be included as a part of your medical record. We will use the minimum necessary amount of protected health information in any communication. Our first email or text to you will verify the email address or mobile phone number you provided.

Please initial next to your choice regarding email or text communication:

_____ I consent to and accept the risk in receiving information via email or text message. I understand I can withdraw my consent at any time.

_____ I consent only to receiving appointment reminders via email or text message. I understand I can withdraw my consent at any time.

Email address: _____

Mobile phone number: (_____) _____

Mobile phone provider: _____

_____ I do not consent to receiving any information via email or text message.

_____ I withdraw my consent to email/text communication. You can also withdraw consent by sending an email to CAN. This will be recorded in your medical record.

If I send an email or text message to CAN Community Health, I will take that as permission to correspond via email. Our reply email will explain that emails are not secure and request that you sign this form the next time you are in our office. I understand that I can change my mind and provide consent later.

Print Name & DOB (Date of Birth)

E- Signature

Date

Name _____
ID# _____
Date of Birth ____/____/____