

CONSENT FOR EMAIL AND/OR TEXT COMMUNICATION

Email and text messaging allows Delmont Medical Care health care providers to exchange information efficiently for the benefit of our patients. At the same time, we recognize that email and text messaging are not a completely secure means of communication because these messages can be addressed to the wrong person or accessed improperly while in storage or during transmission.

If you would like us to send you email and/or text messages that contains your health information, please complete and sign this Consent below. You are not required to authorize the use of email and/or text messaging and a decision not to sign this authorization will not affect your health care in any way. If you prefer not to authorize the use of email and/or text messaging we will continue to use U.S. Mail or telephone to communicate with you.

X _____
Patient/Guardian/Responsible Party signature

Date

Print (name)

Email address and/or text messaging number to which your Delmont Medical Care provider may send YOU your health information (please print)

Email address and/or text messaging number to which your Delmont Medical Care provider may send YOUR PERSONAL REPRESENTATIVE your health information (please print)