

Patient Name: _____ Account #: _____

CONSENT for COMMUNICATION via E-MAIL and TEXT MESSAGE

I, _____, hereby consent to have the staff of Pediatric Ophthalmology, PA (POPA), which may include reimbursement and billing staff and technicians involved in my care communicate with me and my physicians, where appropriate, via e-mailing or text messaging regarding the following aspects of my medical care and treatment: test results, prescriptions, appointment, billing, etc. I understand that e-mail and/or text message is not a confidential method of communication and may have the following risks:

- Emails and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- Senders can easily misaddress an email or text and send the information to an undesired recipient.
- Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
- Your employers and/or on-line services may have a right to inspect emails and texts sent through their systems.
- Emails and texts can be intercepted, altered, forwarded or used without authorization or detection or errors can occur in the transmission.
- Emails and texts can be used as evidence in court.
- Emails and texts may not be a reliable means of communication.
- Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.

I further understand that there is a risk that e-mail or text message communication between my physician and me or members of my physician’s office staff, or between my physician and other physicians regarding my medical care and treatment may be intercepted by third parties or transmitted to unintended parties. I understand that in an urgent or emergent situation I should call my providers or go to the Emergency Room and not rely on e-mail or text message. I agree not to disclose sensitive medical information such as information related to HIV, Mental health or substance abuse. I understand and acknowledge that POPA cannot guarantee the privacy, security or confidentiality of information transmitted via email or text. I understand that I may revoke my consent at anytime by advising POPA in writing.

Email Address: _____ Cell Phone Number for Text Messages: _____

Signature

Date