

# Poehailos, Dupont, & Associates, PLC

## Consent for Electronic Communications

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

I request and give permission for the following communications from and to Poehailos, Dupont & Associates, PLC be exchanged by the electronic means indicated below (E-mail and/or Text Message).

E-mail Address: \_\_\_\_\_

Text Message via Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### **Acknowledgement and Agreements:**

In providing my E-mail Address and/or Phone Number, I understand that these forms of communication are not secure, creating a risk of improper disclosure of private information, including my or my child's *Protected Health Information*. I acknowledge being informed of this risk and fully accept this risk as a means of communicating with staff and/or clinicians at PDA.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_

PDA Staff Initials: \_\_\_\_\_