# Communication Consents



## **Email Consent Form**

### PURPOSE

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of email between \_\_\_\_\_\_ and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by \_\_\_\_\_\_ .

Patient's Signature	Date	Doctor's Signature	Date
		Dootor o orginataro	Date

## Text Message to Mobile Consent Form

#### PURPOSE

This form is used to obtain your consent to communicate with you by mobile text messaging regarding your Protected Health Information. \_\_\_\_\_\_\_\_, offers patients the opportunity to communicate by mobile text messaging Transmitting patient information by mobile text messaging has a number of risks that patients should consider before granting consent to use mobile text messaging for these purposes. \_\_\_\_\_\_\_ will use reasonable means to protect the security and confidentiality of mobile text messaging information sent and received. However, \_\_\_\_\_\_\_ cannot guarantee the security and confidentiality of mobile text messaging communication and will not be liable for inadvertent disclosure of confidential information.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of mobile text messaging between \_\_\_\_\_\_ and myself, and consent to the conditions outlined herein. Any questions I may have, been answered by \_\_\_\_\_\_.

Patient's Signature

Date

Doctor's Signature

Date