

e-mail and text communication consent form



I hereby acknowledge that I have requested the opportunity to communicate by e-mail and/or text communication. I understand that in this manner that I am exposing myself to certain risks. These risks include:

- The privacy and security of e-mail and/or text communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and retain e-mails and/or texts that pass through their systems.
- It is impossible to verify the true identity of the sender, or to ensure that only the recipient can read the e-mail and/or text once it has been sent.
- E-mails and/or texts can introduce viruses into the operating system, and potentially damage or disrupt the computer and/or phone.
- E-mail and/or text are indelible. Even after the sender and recipient have deleted their copies of the e-mail and/or text, back-up copies may exist on a computer or in cyber space.
- If the patient's e-mail requires or invites a response from the Sunrise Health Services Team, and the patient has not received a response within a reasonable time period, it is the patient's responsibility to follow up to determine whether the Sunrise Health Services Team received the e-mail and when they will respond.
- The patient is responsible for informing the Sunrise Health Services Team of any types of information the patient does not want sent by e-mail and/or text.
- The Sunrise Health Services Team will use reasonable means to protect the security and confidentiality of e-mail and/or text information sent and received; however, because of the risks just outlined, the Sunrise Health Services Team cannot guarantee the security and confidentiality of e-mail and/or text communication, and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct by the Sunrise Health Services Team.

Although the Sunrise Health Services Team will endeavor to read and respond promptly to an e-mail from a patient, we cannot guarantee that any particular e-mail will be read and responded to within any particular period of time. Accordingly, patients should not use e-mail and/or text for medical emergencies or other time-sensitive matters. E-mail and/or text communication is not an appropriate substitute for clinical examinations. The Sunrise Health Services Team are not able to diagnose or give additional treatment advice via e-mail and/or text.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication by e-mail and/or text between the Sunrise Health Services Team and me and I consent to communication by e-mail and/or text in spite of these risks.

Patient Name _____

Date _____

Patient E-mail _____

Patient Cell Phone _____

Preferred method of communication: Text E-mail

Signature _____

(Patient or Guardian signature)