

Consent to Patient Correspondence

Navel respects the privacy rights of all of its patients and will therefore only correspond with patients and parents/guardians through e-mail, text, or voicemail messaging with your written consent. E-mail can be inherently insecure if your e-mail service does not use encryption. Also, if your e-mail address is through your employer, your employer may have access to your e-mail box. Voicemail may also be insecure, especially if you use a VOIP phone service. When you consent to corresponding with Navel by e-mail, text, or phone, you are agreeing to accept the risk that your protected health information may be intercepted by persons not authorized to receive such information. You may choose to limit the type of voicemail, e-mail, or text correspondence you have with Navel if you wish to limit your risk of exposing your protected health information to unauthorized persons. Since Navel does not control the e-mail and phone systems that you use, Navel is not responsible for any privacy or security breaches that may occur through voicemail, e-mail, or text correspondence to which you have consented. Please indicate below what types of patient correspondence you consent to receive:

- I consent to receive all patient correspondence, including but not limited to correspondence about my medical condition and advice from my health care providers by the following means (indicate all that you consent to):
 - E-mail
 - Text
 - Voicemail

- I consent to receive patient correspondence only about the scheduling of appointments (limiting the information disclosed) by the following means (indicate all that you consent to):
 - E-mail
 - Text
 - Voicemail

- I do not consent to receive any e-mail, text, nor voicemail patient correspondence..

E-mail Address and/or Phone Number

Patient Name

Patient Signature

Date

Parent/Guardian Signature

Date

Emergency Contact Name

Relation

Phone Number