

Approval to Transmit Protected Health Information

With your permission, Desert Foothills Concierge Medicine will communicate test results and other protected health information by Electronic Communication (EC).

EC includes Email, Text, Telephone Messages

If you wish to receive ECs, please check which modes of communication you prefer and provide your contact information along with your signature.

Email:

Text:

Landline Telephone Message:

Mobile Telephone Message:

I, _____, authorize Desert Foothills Concierge Medicine to provide me with test results and other health information via the ECs selected above. I have been advised that such ECs can be misdirected and intercepted during transmission and may be viewable to others.

I have also been advised that ECs can be blocked by spam, junk and other electronic filters which may result in delays or non-notification of this information which, in turn, can cause a delay in my treatment or other adverse consequences to my medical treatment.

By my signature below, I acknowledge and accept the risks associated with ECs and release Desert Foothills Concierge Medicine from any and all liability for fulfilling this request.

I understand that I may revoke this authorization at any time by providing a written request.

PATIENT SIGNATURE

Date:
