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Email/Text Communication Informed Consent

Patient Name: _____

Date of Birth: _____

Email Address(es): _____

We communicate with patients via telephone, video, email, and text message. None of these are completely secure, and we cannot guarantee the confidentiality of communication by these means. Unless you advise us otherwise, we may use any or all of these means to communicate with you and your consent for us to do so is implied. Note that this permission may be revoked by you at any time.

Patient Signature

Date