

Key Therapeutics, LLC

Consent for E-mail/Text Communication and Appointment Reminders

We respect the privacy rights of all our patients and will therefore only communicate with patients and parents/guardians through email, text or voice mail messaging with your written consent. Email can be inherently insecure if your email service does not use encryption. Also, if your email address is through your employer, your employer may have access to your email box. Voice mail may also be insecure, especially if you use a VOIP phone service. When you consent to communicating with us by email, 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. Since we do not control the email and phone systems you use, we are not responsible for any privacy or security breaches that may occur through voicemail, email or text communications that you have consented to.

You may choose to limit the type of voicemail, email or text communication you have with us if you wish to limit your risk of exposing your protected health information to unauthorized persons. Please indicate below what types of correspondence you consent to receive by email or text.

- I do not consent to any** voicemail, email or texting communication.
- I consent to **ONLY** receiving communication about **the scheduling of appointments** (limiting the information disclosed) by the following means: (check all that you consent to)
 - Email
 - Text
 - Voicemail
- I consent to ALL communication**, including but not limited to communication about my medical condition and advice from my health care providers by the following means: (check all that you consent to)
 - Email
 - Text
 - Voicemail

E-mail address: _____

Phone number: _____

Patient Name (please print): _____

Patient Signature: _____ Date_____

Parent/Guardian Signature:_____ Date_____