

**Sample Consent Form**  
**Electronic Communication Informed Consent**

[insert name of healthcare provider] uses electronic communications, such as phone calls, email and text/SMS messaging, to communicate with patients. This Patient Electronic Communication Informed Consent form (the “**Consent Form**”) is used to: (i) explain what kinds of electronic communications we intend to send you; (ii) memorialize your consent to receiving certain electronic communications or whether you choose to opt-out of receiving certain electronic communications; and (iii) provide information about the risks and guidelines of the use of electronic communications.

**1. Types of Electronic Communications:**

[insert name of healthcare provider name] provides two categories of electronic communications: (i) “**Business Transactional Electronic Messages**”; and (ii) “**Marketing or Commercial Electronic Messages.**”

We send Business Transactional Electronic Messages in order to better assist in our service to our patients. Business Transactional Electronic Messages facilitate, complete, or confirm a previously agreed upon medical transaction. These Business Transactional Electronic Messages include specific appointment and check-up reminders, payment reminders, and follow-up care requests. Business Transactional Electronic Messages may be sent automatically via email, SMS/text message, fax message and/or phone call to the email address and/or phone number that we have on file for you. For purposes of convenience, our office may use pre-recorded or artificial voice messages and/or automatic dialing technology to send these Business Transactional Electronic Messages. If you would like to limit the amount or type of Business Transactional Electronic Messages you may receive, please speak to one of our staff members, who will be happy you assist you.

**I consent to receiving Business Transactional Electronic Messages as described above.**

**I do not consent to receiving Business Transactional Electronic Messages.**

From time to time, we also use Marketing or Commercial Electronic Messages. These are electronic messages that do not directly involve an existing medical transaction, including general reminders to schedule new appointments, advertisements of new services or other offers, or messages providing health tips. Our office may automatically send these Marketing or Commercial Electronic Messages via email, SMS/text message, fax message and/or phone call to the email address and/or phone number that we have on file for you. Additionally, for purposes of convenience, our office may use pre-recorded voice messages, artificial voice messages and/or automatic dialing technology to send these Marketing or Commercial Electronic Messages. If you would like to receive such Marketing or Commercial Electronic Messages from our office in the manner described, please check the box below indicating your consent. If you would like to opt-out of receiving Marketing or Commercial Electronic Messages from our office, please check the box below indicating that you are not interested in receiving Marketing or Commercial Electronic Messages. Please note that your decision regarding Marketing or Commercial Electronic Messages will not affect the service provided to you by our office in any way.

**I consent to receiving Marketing or Commercial Electronic Messages as described above.**

**I do not consent to receiving Marketing or Commercial Electronic Messages.**

2. **Our Use of Electronic Communications:**

[insert healthcare provider name] uses electronic communications methods to communicate with patients regarding their healthcare. Some of the methods that we use are unencrypted and unsecured in nature, such as regular email service and/or text/SMS messaging. We use such unencrypted and unsecured methods of electronic communication only to communicate with patients about non-sensitive and non-urgent issues. All electronic communications to or from you may be made a part of your medical record to which you have access. We will not disclose electronic communications to or from you or your identifiable information to third parties without your consent, except as authorized by law. We are not liable for breaches of confidentiality caused by you or any third party. If you have a medical emergency, **CALL 911**. Do not use electronic means other than direct phone calls to communicate urgent medical problems or to discuss complex or sensitive information; please call our staff directly. Although we try to respond to email messages daily, we cannot guarantee that any particular email will be read and responded to within any particular period of time. It is your responsibility to follow up with our staff if you do not receive a timely response.

3. **Risks of Using Electronic Communications:**

You should be aware that the use of unsecured and unencrypted electronic communications has a number of risks that you should consider. These risks include, without limitation: (a) the risk of the electronic communication being circulated, forwarded, or broadcasted to unintended recipients; (b) the risk of misaddressing an electronic communication to an unintended recipient; (c) the risk backup copies of emails and text/SMS messages existing even after deletion; (d) the risk of such electronic communications being intercepted, altered, forwarded or used without authorization or detection; and (e) the risk of a third party breaching the confidentiality of such electronic communications. Please note that although we will use reasonable means to attempt to maintain the security and confidentiality of the electronic communications, we cannot make any guarantees, and, thus, disclaim any liability in connection with these risks, which you hereby acknowledge and accept.

By signing below, I acknowledge that I have read, understand, and accept the terms of this Consent Form.

\_\_\_\_\_  
[signature]

\_\_\_\_\_  
[email address]

\_\_\_\_\_  
[print name]

\_\_\_\_\_  
[mobile/cellular telephone number]