

Agreement to Receive Text and/or Email Communications

I am aware that electronic correspondence with Health Matters is unencrypted; and if I choose to correspond with Health Matters and its employees electronically, I approve of messages being sent in this manner.

In accordance with HIPPA guidelines, I give my consent to being notified of appointments and/or other communications via unencrypted devices.

_____ email (important updates of the practice in regard to office hours, services, sales, informational updates, etc.)

_____ text (appt requests, appt reminders, supplement orders, etc.)

Patient Name and signature

Date _____