



## HIPAA CONSENT FOR ELECTRONIC COMMUNICATIONS & PAYMENTS

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### 1. Consent for Text and Email Communication

To make scheduling and billing easier, this practice may contact you by:

- Text message (SMS)
- Email (including Gmail or similar platforms)

These messages may include:

- Appointment reminders
- Scheduling changes
- Billing statements or receipts
- Administrative information
- Limited health-related information necessary to coordinate your care

### Important Privacy Information

While convenient, text messages and regular email are **not fully secure or encrypted**. This means:

- Messages could be seen by someone who has access to your phone or email account.
- Phone carriers and email providers store messages on their systems.
- There is a small risk that messages could be misdirected, intercepted, or accessed without permission.
- Electronic communication should NOT be used for emergencies. If you have an emergency, call 911 or seek immediate care.

By choosing to communicate electronically, you understand and accept these risks.

## Your Responsibilities

If you consent to electronic communication, you agree to:

- Provide accurate contact information
- Inform the practice if your phone number or email changes
- Use reasonable security (such as passwords on your devices)
- Avoid using text or email for urgent medical issues

You may withdraw this consent at any time in writing. This will not affect messages already sent.

Please select your preference:

- I consent to text messages
- I consent to email
- I consent to both
- I decline electronic communication

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## 2. Consent for Electronic Payments (Venmo & Card Payments)

For your convenience, this practice may accept payment through:

- Venmo
- Credit or debit cards using a card reader
- Other electronic payment processors used by the practice

### Important Privacy Information

Electronic payment services are third-party companies. This means:

- They have their own privacy and security policies.
- They may store or process your payment information outside of this practice.
- Transaction records may show your name and that you made a payment to this practice.
- While reasonable safeguards are used, no electronic system is completely risk-free.

If available, you may request alternative payment methods (such as cash or check).

By signing below, you acknowledge that you understand these risks and voluntarily consent to using electronic payment methods.

- I consent to electronic payment methods
- I decline electronic payment methods

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### 3. Recordkeeping Notice

This practice does not use an electronic health record (EHR) system. Clinical records may be maintained in paper format or secure administrative systems separate from text, email, or payment platforms.

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### 4. Your Rights

- You may revoke (withdraw) this consent at any time in writing.
- Revocation will not apply to actions already taken.
- You may request alternative communication or payment options where available.

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### 5. Acknowledgment and Signature

I have read and understand this form. I have had the opportunity to ask questions. I understand the risks of electronic communication and payment platforms, and I voluntarily consent as indicated above.

Patient Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by personal representative:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_