

**E-MAIL AND TEXT
MESSAGE CONSENT
FORM**

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For the ease of our patients, our office would like to offer the opportunity to communicate health information by email and text messages. By signing below your provider may share payment and health information with you through e-mail and text message regarding billing, diagnosis, treatment, lab results, and radiology reports.

I know that I am under no obligation to authorize the office of Dr. Stanislaw P. Chorzepa to send me e-mails or text messages. I understand that e-mails and text messaging are not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such e-mail or text message may be misdirected, disclosed to or intercepted by unauthorized third parties. Information included in e-mails or text messages may include your first name, date/time of appointments, name of physician, and physician phone number, or other pertinent information.

- Employers and on-line services have the right to access and archive e-mail or text messages transmitted through their systems. If your e-mail is a family address, other family members may see your messages, therefore, please be aware that you e-mail at your own risk. Because of the many internet and e-mail factors beyond our control, we cannot be responsible for misaddressed, misdelivered or interrupted e-mail. Your health care provider is not liable for breaches of confidentiality caused by yourself or a third party.
- E-mail and text messages are best suited for routine matters and simple questions. You should not send us e-mail or text messages for urgent or emergency situations or for matters requiring an immediate response. Your provider's representative (office staff) will attempt to read and respond promptly to e-mail or text messages but cannot guarantee that any particular e-mail or text message will be read and responded to within any particular period of time. Time sensitive issues should be taken care of by telephone.
- If your e-mail requires or asks for a response and you have not received a response within a reasonable time period, it is your responsibility to follow up directly with Dr. Stanislaw Chorzepa's office.
- You should carefully consider the use of e-mail for the communication of sensitive medical information such as but not limited to; information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disability, or substance abuse.
- E-mails and text messages between you and your provider regarding diagnosis or treatment may be printed and made part of your permanent health information.

- Your e-mail or text messages will not be forwarded to health care providers outside of Dr. Chorzepa's office without your authorization.
- In order to prevent the introduction of computer viruses into our system, do not send attachments to us in your e-mail.
- You are responsible for protecting your password or other means of access to e-mail.

Permission for e-mails and text messages pertaining to general office information, such as appointment reminders and survey requests, is granted to us by providing your e-mail and mobile number on your annual demographic form provided at your first appointment of the year and does not apply to this form.

By signing this form, I acknowledge that I have read and fully understand this consent form. I indicate that I am the primary user of the mobile number listed. I understand the risks associated with the communications of e-mail and text messages between the office of Dr. Stanislaw P. Chorzepa and me, and consent to the conditions outlined herein, as well as any other instructions that Dr. Chorzepa's office may communicate with me by e-mail or text message. Any questions I may have had were answered.

Please select an option and sign below:

- I ALLOW EMAIL AND TEXT MESSAGE** **I DO NOT ALLOW EMAIL AND TEXT MESSAGE**

By checking ALLOW I understand the risks of emails and text messages and do so by giving permission to the office of Dr. Stanislaw P. Chorzepa to send me personal health information via email and text message.

By checking DO NOT ALLOW I do not wish to receive personal health information via email or text message

Signature (Parent or guardian if patient is a minor)	Date	Printed name
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Please clearly print ONE email address	Mobile number
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