

**Antonio M. Bird, M.D., P.A.**

5B Doctors Park

Asheville, NC 28801

(828) 232-1994

EMAIL/TEXT CONSENT

Patient name: \_\_\_\_\_

Patient email address: \_\_\_\_\_

Patient cell phone number: \_\_\_\_\_

Because I take physician-patient confidentiality seriously, I ask that any patients or prospective patients review the following information regarding communicating by email or text. My intention is to maintain the confidentiality of email and text information sent and received. However, I cannot guarantee it.

**Risk of using email and text:** Transmitting patient information by email and/or text has a number of risks that patients should consider before using email and/or text. These include, but are not limited to, the following risks:

- a) Email/texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- b) Email/text senders can easily misaddress an email.
- c) Backup copies of email/texts may exist even after the sender or the recipient has deleted his or her copy.
- d) Employers and on-line services have a right to inspect email/texts transmitted through their systems.
- e) Email/texts can be intercepted, altered, forwarded, or used without authorization or detection.
- f) Email can be used to introduce viruses into computer systems.
- g) Email/texts can be used as evidence in court.
- h) Email/texts may not be secure, and it is possible that a third party may breach the confidentiality of such communications.

**Conditions for the use of email/texts:** Patients must acknowledge and consent to the following conditions:

- a) Email/text is not appropriate for urgent or emergency situations. I cannot guarantee that any particular email/text will be read and responded to within any particular period of time.
- b) Email/text communication with a patient of record will usually be filed in the patient's medical record.

**I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email/texts between Dr. Bird and me. I also understand that this agreement will be effective for any future email addresses and/or cell phone numbers that I provide to the office.**

**I agree regarding email only.**

**I agree regarding text only.**

**I agree regarding email and text.**

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_