

PATIENT NAME: _____ DOB: _____

CONSENT FOR USE OF E-MAIL AND OTHER ELECTRONIC COMMUNICATIONS

Our office has established an interoffice email system, for some forms of communication. While we prefer that our patients call our office for all communication, we realize that some patients may prefer email and at times it may be necessary for your care. The turnaround time for routine patient communications by email is 1 business day. **If you require urgent or immediate attention, electronic communication is not an appropriate mode of communication. Please call the office at 972-566-3939 for such matters. This includes matters for which you have any uncertainty about the urgency. We have an answering service which answers after hours and weekend calls and they are able to page the provider on call.**

When sending email, please remember that emails are not secure methods of communication. Our office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email and other electronic communication, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that emails addressed to the physician directly will be reviewed and possibly answered by staff and/or colleagues depending on the nature of the issue.

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above email policy.

By signing below, you are agreeing that we may send medical related correspondence to you via email, and that we may respond to your emails to us via email.

Patient Signature

Date

PHOTOGRAPHIC CONSENT

Medical photography is often an important part of the surgical planning process. We often will take medical photos before, during, or after a surgical procedure or treatment either in our office, in the hospital or in the operating room. Photos serve a variety of purposes, depending upon the individual case and are often useful to see pre-surgical and post-surgical changes and are often used as a reference in the operating room. Photos will become a part of your permanent medical record. When possible we crop and edit the photos to remove personal and identifying factors. We may submit your photos to your insurance company if needed to determine medical necessity or for payment on a claim.

By signing below you are consenting to undergoing medical photos. Your signature also acknowledges that you have read and understand the above.

Patient Signature

Date