

## Consent For Communication Via Email and Text

### EMAILING

By signing below, I am agreeing that I have read, understood, and agree to sending and/or receiving email communications as part of treatment, including pdf files. I understand the risks of sending PHI through email, and with this agreement I am accepting these risks. I understand that I can terminate this agreement at any time by informing Ms. Knudson in writing.

### TEXT MESSAGING

By signing below, I am agreeing that I have read, understood, and agree to receive text messages to my mobile telephone. I will advise the practice if I change my mobile number and understand that a new consent form is required. I understand that I can terminate this agreement at any time by informing Ms. Knudson in writing. By consenting to text messaging, I believe that the benefits for my healthcare outweigh the security risks.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

**Patient Name** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Legal Guardian Name** \_\_\_\_\_

**Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please describe your relationship to the individual and /or your legal authority to act on behalf of this individual in making decisions related to healthcare. You may be asked to provide us with relevant legal document giving you this authority.

Relationship to the individual (required):

\_\_\_\_\_

**Therapist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_