

Patient Consent for Use of Email and Text Communications with Dallas Podiatry Works

To better serve our patients, this office has established an email addresses for some forms of communication with doctors, staff member and patients. For routine matters that do not require immediate response, you may feel free to contact us at those appropriate emails. At times, a doctor or staff member may use their personal cell phone to text with you at your request. Please remember however, that this form of communication is not appropriate for use in an emergency. Please be aware that texting is not a secure form of communication. The turnaround time for routine patient communications is one business day. The service provider may delay message delivery. **Should you require urgent or immediate attention, this medium is not appropriate.**

When sending email, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to put your name and return telephone number in the body of the message. We also ask that you acknowledge receipt of emails coming from this office by using the auto reply feature.

Communications relating to diagnosis and treatment will be filed in your medical record.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of email and texting, third parties may have access to messages. When communicating from work, you should be aware that some companies consider email and texts 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, although addressed to a specific person, the other staff and/or doctors would have access to this information.

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 or text, and that we may respond to your emails or texts to us via email or text.

Patient signature

Witness

Date

Date