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

To better serve our patients, this office has established an email address 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.

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**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.**

**Photo/Video Consent:** I hereby grant Dallas Podiatry Works permission to use my likeness in a photograph, video, or other digital media (“photo”) in all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Dallas Podiatry Works and will not be returned.

I hereby irrevocably authorize the Dallas Podiatry Works to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Dallas Podiatry Works from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THE SIGNATURE BELOW. I ACCEPT:

Patient Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_