

## Patient Consent for Use of Email Communication & Statements

### Help the environment by choosing to receive your statements and receipts via email.

We are pleased to offer the option of receiving statements and receipts via email. Skip the snail mail and help the environment!

We are dedicated to keeping your medical/financial information confidential and abiding by HIPAA confidentiality rules and regulations. 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 well-controlled but we are all open to hacking. Despite our best efforts, due to the nature of email, third parties may have access to your messages.

By signing below, you acknowledge the risks noted above and agree to receive, statements, receipts and correspondence via email, and that we may respond to your emails to us, via email as well.

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 its control. I understand the risk of unencrypted email and do hereby give my permission to receive my statement, invoices and receipts via email.

I choose to receive this information via email and understand and agree to the above information.

Email address (please print): \_\_\_\_\_

\_\_\_\_\_  
Patient signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed name:

(OR)  I do not wish to receive personal health information via email.

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### Credit Card on File

We also offer seamless bill-paying. Just provide credit card information for us to keep on file. Fill in the information below and we will process your payments as your insurance completes your claims. Or choose a date and we'll run your card on that date each month and email/mail you a receipt for your records.

VISA

MasterCard

Discover

AMEX

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Run my card when I have a balance

Run my card on the \_\_\_\_\_ of each month for the

balance due