

Alaska Pediatric Therapy, LLC
PATIENT CONSENT TO ELECTRONIC COMMUNICATIONS

Text and Email

Alaska Pediatric Therapy may utilize text and email to communicate with patients, upon mutual agreement between the provider and the patient. This can be very helpful and convenient, but is not guaranteed to be secure. Whenever possible, Alaska Pediatric Therapy will utilize a secure method. If that is not available, there is some risk that any protected health information (PHI) that may be contained in text or email may be disclosed to, or intercepted by, unauthorized third parties. We will use the minimum necessary amount of PHI to respond to queries, and will make every effort to keep PHI secure, in accordance with State and Federal law. **You are not required to use text or email. If you do not want to be contacted via text or email, please indicate this at the end of this document.**

Text and E-mail communication is a convenience and not appropriate for all circumstances. Please remember the following:

- **Text and email are not to be used for emergencies or time-sensitive issues.** If you have an urgent question, please remember that we only check texts, email and voicemail periodically during the day, and may not check at all during the hours we are closed.
- No one can guarantee the privacy of texts or e-mail messages. Your employer may have the right to access any e-mail received or sent from your work computer or any texts received or sent from your work phone.
- Alaska Pediatric Therapy is not responsible for access of PHI due to your sharing or loss of your User ID and password, or an unattended phone or email account. Any PHI accessed in this manner is no longer protected by our privacy practices.

Fax Policy

Alaska Pediatric Therapy utilizes facsimile to transmit patient-related communications. This method of communication can be very helpful and convenient, but is not guaranteed to be secure. There is some risk that any PHI that may be contained in such fax may be disclosed to, or intercepted by, unauthorized third parties. We will use the minimum necessary amount of PHI and will make every effort to keep your information secure as required by law.

Communication Consent

If you personally wish to communicate with Alaska Pediatric Therapy via Text, Email and/or Fax, please initial the option below and provide a valid cell phone, email address and/or fax number.

_____ I do wish to communicate via email. Email address: _____
_____ I do wish to communicate via fax. Fax number: _____
_____ I do wish to communicate via text. Cell number: _____

OR

_____ I do NOT authorize any of the following forms of electronic communication between me and my provider:
_____ Email _____ Voicemail _____ Text _____ Fax

I understand the risks associated with electronic communications and initialed my communication preferences above. If I have authorized electronic communications, I do so with the following understanding:

TEXT AND E-MAIL CAN BE MISDIRECTED TO OR INTERCEPTED AND DISCLOSED BY UNINTENDED THIRD PARTIES AND MAY NOT BE A CONFIDENTIAL FORM OF COMMUNICATION. PATIENTS WHO HAVE CONCERNS SHOULD CONSIDER USING ANOTHER MODE OF COMMUNICATION. I UNDERSTAND AND AGREE THAT TEXT AND E-MAIL TRANSMISSION IS BEING USED FOR THE CONVENIENCE OF PATIENTS AND ALASKA PEDIATRIC THERAPY DOES NOT WARRANT THE CONFIDENTIALITY OR SECURITY OF THIS TRANSMISSION.

By signing below, you consent to the conditions herein and agree to adhere to the policies set forth above, as well as any other guidelines that Alaska Pediatric Therapy may impose for using electronic communications.

Name	Date	Patient Name	Relationship to Patient
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