

HIPAA
PATIENT CONTACT CONSENT
Portland Chiropractic Group

I, _____, hereby consent and state my preference to have my physician(s) and other staff at Portland Chiropractic Group to communicate with me by email or standard SMS/text messaging, in addition to or to replace leaving phone messages, regarding various aspects of my health care, which may include, but shall not be limited to, test results, appointments, and billing. I understand that email and standard SMS/text messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS/text messaging regarding my medical care might be intercepted and read by a third party.

I give my permission to leave both appointment reminders AND my private health information at the following (please fill-in the ones you agree to):

Phone number _____

Email _____

Text _____

Alternately, I give permission to contact me, relative to **appointment reminders only**, by the following methods:

Phone message at the following number _____

Email messages at the following email address _____

Text messages at the following phone number _____