

Electronic Communication Consent

Pinnacle Wound Care would like your consent to send email and/or text messages (SMS) that may contain key information regarding your appointments and billing to keep you better informed regarding your health care. We understand that electronic messaging may not be the most secure form of communication for your health information. You are NOT required to authorize the use of email and/or text messaging and declining this authorization will not affect your care in any way.

Should you prefer not to authorize the use of electronic communication, we will continue to communicate with you via telephone and / or the mail system, depending on your preference.

Communications Consent (please initial next to the appropriate line):

_____ I consent to receiving **text messages and emails** from Pinnacle Wound Care at the phone number and email address that I have provided for clinic and appointment updates and billing information.

_____ I consent to receiving **email messages only** from Pinnacle Wound Care. I DO NOT consent to receiving text messages from Pinnacle Wound Care.

_____ I DO NOT consent to receiving text messaging or email updates from Pinnacle Wound Care.

By signing below, you acknowledge the above HIPAA information and consent for electronic communications information.

Patient Name: _____

Signature: _____ **Date/Time:** _____