**CONSENT FOR ELECTRONIC COMMUNICATION (EMAIL AND TEXT)**

Patient Name:

Patient DOB:

**Presbyterian Medical Services** (“PMS”) wants to ensure that you are aware of potential security risks of electronic communications (email and text). Our preferred method of communication for electronic information is through our secure PMS patient portal. Please contact your clinic for assistance to sign up for the patient portal.

* PMS will not use electronic communications outside of our portal to communicate clinical information, except for certain medical record requests.
* Please do not use electronic communications for any urgent matter, PMS staff do not monitor reception of any electronic communications.
* Whenever possible, PMS will use encrypted email to communicate with you. Sometimes unlocking an encrypted email may not be possible. Please be aware if you request that un encrypted email be used – it is not secure.
* Please ensure PMS has your current e-mail address and mobile phone number.

**Risks of Using Electronic Communication (Text & Email)**

If you decide to communicate through email or text, PMS wants to ensure you are aware of security risks that could result in disclosure or theft of your personal and your protected health information. These include, but not limited to:

* + Computers, laptops, tablets, and phones can be hacked resulting in the theft of your information.
	+ Hacking and/or breaches can result in identity theft.
	+ Your information can be intercepted, altered, forwarded, or used without your authorization or detection.
	+ Senders can inadvertently misaddress an electronic communication.
	+ Backup copies may exist even after the sender, or the recipient has deleted their copy.
	+ Electronic communications can be used to introduce viruses and/or malware to your device.
	+ SMS phone texting is not encrypted and is an unsecure platform.
	+ There may be additional charges from your cell phone company for the cost of text message.

**Revocation.** I understand that I have the right to revoke this Authorization at any time by submitting a notice in writing to the PMS Privacy Officer at Presbyterian Medical Services, P.O. Box 2267, Santa Fe, NM 87504-2267, and that the revocation will be effective except to the extent that action has already been taken in reliance on this Authorization.

**Consent and Acknowledgement**: I consent to electronic communication, and I acknowledge that such communication involves security risks and potential disclosure and theft of my personal and protected health information. I understand that once my information leaves the PMS server, it may not be secure, and PMS is not responsible for any/all loss or theft of my information.

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

[ ]  Consent is provided by this Patient (Print Name):

[ ]  Patient gave verbal consent; written signature is unavailable due to remote visit.

Provider/Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_