



Email and Text Communication Policy

Patient name:

DOB:

I understand that email, texts and similar communications may not be secure through encryption and other safeguards and, even if encrypted, raise security risks that threaten confidentiality.

- By requesting email and text communication, I represent that I am the person legally responsible for use of the cell phone number provided, that I am at least 18 years of age.
- I understand that texting over cellular devices carries security risks because text messages from my device may not be encrypted. This means that information received or sent by text message could be intercepted or viewed by an unintended recipient, or by my cell phone carrier.
- I understand that my provider does not charge for this service, but standard text messaging rates may apply as provided in my wireless plan (contact your carrier for pricing plans and details).
- I understand that text and email messages are not a substitute for professional or medical attention.

I nonetheless wish to use one or more of these modalities to communicate with my provider. I understand that I may change my mind and, if I notify my provider of this, she/he/they will no longer communicate with me in that way.

I understand that email, texts, and similar forms of communication are to be used only for scheduling or as otherwise agreed upon with my provider. If a matter is urgent, I should contact *Dr. Burns at (802) 922-1612* or after hours, *Essex Pediatrics at (802) 879-6556*. If I have a medical emergency, I understand I should call 911.

Phone Number:

Email address:

Signature of patient: _____ Date:

Signature of parent/guardian: _____ Date:
(if under 18)

Witness: _____ Date: