

## **Agreement to Receive Text and/or Email Communications**

**I am aware that electronic correspondence with Health Matters is unencrypted; and if I choose to correspond with Health Matters electronically, I approve of messages being sent in this manner.**

**In accordance with HIPPA guidelines, I give my consent to being notified of appointments and/or other communications via unencrypted**

\_\_\_\_\_ email

\_\_\_\_\_ text

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**Patient Name and signature**

**Date** \_\_\_\_\_