



**PATIENT CONSENT**

**E-MAIL, TEXT MESSAGE AND AUTOMATED PHONE COMMUNICATIONS**

Neighborcare Health will on occasion send appointment reminders and wellness messages to you via email, text or automated phone call based on our understanding that you would like us to communicate with you via e-mail, text messaging and/or automated phone. These communications may come from our staff members or from our automatic system. Prior to using e-mail, text messaging and automated phone communications that may contain your protected health information (“PHI”), Neighborcare Health needs to advise you that there may be some level of risk that information in an unencrypted e-mail, text message or automated phone call could be read or heard by a third party. Neighborcare Health will not be responsible for any unauthorized access of your PHI in e-mails, text messages or automated phone calls that we send to you.

If you have any questions about this form or about our communications with you about your PHI, you may speak with Neighborcare Health’s Privacy Officer at 206-548-3026.

I, the undersigned, consent to e-mail, text message and automated phone communications with Neighborcare Health and its providers about my PHI and I understand the risks associated with using unencrypted e-mail, text message and automated phone communications. I will inform Neighborcare Health if I no longer wish to communicate with Neighborcare Health via e-mail, text message or automated phone call. I understand that I am not required to sign this Consent in order to be a patient at Neighborcare Health.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient Date of Birth (DOB)

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Relationship (Parent or Legal Guardian)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Cell Phone Number / Home Phone Number

\_\_\_\_\_  
**Patient or Parent/Legal Guardian Signature if under 18**

\_\_\_\_\_  
Date

<p><b>I’d like to be contacted by:</b></p> <p><input type="checkbox"/> Text Message to Cell</p> <p><input type="checkbox"/> Phone Call to Cell</p> <p><input type="checkbox"/> Phone Call to Home Phone</p>
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