

Eastern Plains Medical Clinic of Calhan

560 Crystola Street * P.O. Box 275

Calhan, CO 80808

(719)347-0100 (o) * (719)347-0851 (f)

Consent to Use of Electronic Communications

First name:	Last name:	Date of Birth:
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I consent to communicate with Eastern Plains Medical Clinic using the following means of electronic communication.

Text message via Patient Portal	Yes No	Telephone number:
Video Visit/ Telehealth	Yes No	Not all appointments will be telehealth visits. These will only be done as requested by your Provider.
Portal (recommended format)	Yes No	Email Address:
Email (NOT recommended format)	Yes No	Email Address:

Initials Only	
	I understand that this request to receive electronic communications will apply to all future appointment reminders/feedback/health information unless I request a change in writing.
	I understand that I have the right to withdraw my consent to receive/obtain electronic communication from Eastern Plains Medical Clinic at any time.
	I agree to notify Eastern Plains Medical Clinic if my telephone number or email changes.

Patient Acknowledgement and Agreement:

I understand that electronic media and delivery methods such as e-mail and text messaging pose certain risks to the privacy and security of my protected health information. By my signature below, I agree to assume such risks personally and to hold Eastern Plains Medical Clinic and agents harmless in the event that my protected health information is breached or compromised because of my directing and authorizing Eastern Plains Medical Clinic and agents to transmit or deliver such information electronically. Any questions I had, have been answered. I have reviewed and understand all of the risks, conditions, and instructions described in this consent form.

Patient (Please print): _____

Date: _____

Signature: _____