

PONTE VEDRA CONCIERGE MEDICINE

COMMUNICATION AUTHORIZATION

My signature and choices noted below verify my acknowledgement of the following:

- I fully understand both voice and electronic communication between myself and the Clinic and its associated entities and staff. I understand the risks associated with voice, online, email, and text message communications between my provider/provider’s staff and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the Patient Portal log in screen, as well as any other instructions that my physician may impose to communicate with patients via online and alternate forms of communications.
- Commonly used email services are not secure and fall outside of the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information. I further agree to be held accountable and to comply with the patient responsibilities as outlined in the “Patient Communication Policy.”
- In consideration for my desire to use electronic communication as an adjunct to in-person office visits with my healthcare team, I hereby consent to electronic communication via both secure-encrypted and non-secure email services.
- I understand that I may revoke or alter my consent to communicate electronically at any time by notifying the practice in writing at the address below, but if I do, the revocation will not have an effect on actions my healthcare provider or team has already taken in reliance on my consent.
- I have been given the opportunity to discuss electronic communication with a representative of the Clinic and have had all my questions answered. I agree and release my provider and practice from any and all liability that may occur due to accidental misuse of electronic communication over both secure and non-secure networks.

I acknowledge the need for and grant permission to the Clinic (and affiliates) to communicate lab results, health information, account/billing information, and appointment confirmations to me using the following means:

Secure Patient Portal and Athena Health Application that is operated through Athena Electronic Medical Record system. The email address provided will be used for the sole purpose of establishing an electronic patient portal account.

Secure/Encrypted Email for messages and documents that may contain personal health information.
Traditional Email for messages that do not contain personal health information.

Email: (Please Print)	
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Text and/or Voice Messaging for appointment notifications and confirmations.

Cell Number:	Carrier:
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Printed Name

Date

Signature