

## Consent for Electronic Communication

On occasion our office may need to communicate with you electronically. By utilizing our practice's electronic services, you agree that Shekinah Wellness may send to you any of the following that you identify as communication that can be sent through the internet to an email address you designate.

### Consent and Acknowledgement

I, \_\_\_\_\_, agree that Shekinah Wellness may electronically communicate with me at the following email address regarding the following individuals.

Email address: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patients Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patients Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patients Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patients Date of Birth: \_\_\_\_\_

I acknowledge that the practice may send the following to my email. Check each that apply and then provide your initials at the end of each item selected.

- Information about my invoice or accounts payable. \_\_\_\_\_ (initial)
- Information about my appointments. \_\_\_\_\_ (initial)
- Information about health concerns and recommendations for lifestyle, supplements, or any other instructions regarding my health concerns. \_\_\_\_\_ (initial)

I acknowledge each of the following four statements, which is necessary before Shekinah Wellness can send communications electronically. \_\_\_\_\_ (initial)

- Electronic communications sent to your personal email from Shekinah Wellness are not encrypted.
- I am responsible for providing Shekinah Wellness with any updates to my email address.
- I am able to receive information electronically and store it securely away from any public computer.
- I can withdraw my consent to electronic communications by calling (763) 923-8112.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to patient (if patient is a minor or is unable to sign): \_\_\_\_\_