

Austin Hayes, MD
18650 NW Cornell Rd #324
Hillsboro, OR 97124

Consent of Non-Secure Forms of Electronic Communication

Electronic communication, via email and text, between you and Austin Hayes MD may not be secure. By signing below, you are acknowledging that you realize that email and text communication does not provide a completely secure means of communication. While Austin Hayes, MD will take reasonable efforts to protect your confidentiality, there is some risk that any protected health information contained in email or text may be disclosed to or intercepted by unauthorized third parties.

Your treatment will not depend on you giving consent. You also have the right to withdraw your consent to receive non-secure forms of electronic communications at any time. Use of more secure communications, such as phone or fax, are always alternatives that are available to you if you elect to not give consent to the following forms of communication.

Consent

By checking the boxes below and signing this consent, I give permission for Austin Hayes, MD to contact me using the non-secure methods indicated below even if the communication includes protected health information or other confidential information. I understand that text and email communications are inherently unsecure and that there are risks involved using these forms of communication:

Text communication: Yes () No ()

Email communication: Yes () No ()

*If you do not give Austin Hayes, MD permission to correspond via email, please do not provide email address on the patient registration form.

Signature of Patient

Printed Name of Patient

Date