

Patient Consent for Use of Email Communication & Statements

Help the environment by choosing to receive your statements and receipts via email.

We are pleased to offer the option of receiving statements and receipts via email.
Skip the snail mail and help the environment!

We are dedicated to keeping your medical/financial information confidential and abiding by HIPAA confidentiality rules and regulations. When communicating from work you should be aware that some companies consider email corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your emails is well-controlled but we are all at risk of hacking. Despite our best efforts, due to the nature of email, third parties may have access to your messages.

By signing below, you acknowledge the risks noted above and agree to receive statements, receipts and correspondence via email, and that we may respond to your emails to us, via email as well.

I understand that this office will not be responsible for information loss, or delay, or breaches in confidentiality that are due to technical factors beyond its control. I understand the risk of unencrypted email and do hereby give my permission to receive my statements, invoices, receipts and correspondence via email.

I choose to receive this information via email and understand and agree to the above information.

Patient Signature:

Date:

Printed Name:

Email Address (please print):

(OR) I do not wish to receive personal health information via email.

Credit Card on File

We also offer seamless bill-paying. Just provide your credit card information for us to keep on file. fill in the information below and we will process your payments as your insurance completes your claims. Or, choose a date and we'll run your card on that date each month. If you have provided an email address above, we will email you a receipt.

VISA

MasterCard

Discover

AMEX

Card Number: _____ Exp Date: _____ Security Code: _____

Printed Name on Card: _____ Signature: _____

Patient Name/s this card can be run for: _____

Run my card when I have a balance

Run my card on the _____ of each month for the balance due