

CONSENT FOR COMMUNICATION VIA EMAIL/TEXT/VOICE RECORDINGS

I _____ hereby consent to have my provider and staff from Mindworks Wellness LTD communicate with me via email, text, or voice recording for all aspects of my care including but not limited to: test results, prescriptions, appointments, billing, ongoing care issues, or other pertinent information. I understand that email, text, or voice recordings are not confidential methods of communication. I further understand that there is a risk that these communications could be intercepted by third parties or transmitted to unintended parties. I also understand that any of these communications between my provider and me or members of the office staff or, regarding my medical care and treatment will be included in my medical record. I understand that in an urgent or emergent situation, I should speak directly to my provider or go directly to the Emergency Room and not rely on email, text, or voice recordings.

Date: _____

Signature of Patient: _____

Signature of parent or guardian: _____