

COMMUNICATIONS AGREEMENT AND RELEASE

Modern technology has created many platforms for me to communicate with my patients and for my patients to communicate with me. This agreement sets forth my communications policy to which you agree (or opt out of):

1. You give me permission to use standard e-mail platforms such as Google mail and Yahoo mail to communicate with you. Such communications may regard scheduling, treatment follow-ups, advice on herbs, billing, answering questions you may have and any other matter involving your interaction with me. Please be advised that standard e-mail platforms are not secure and may be breached by hackers and others with a malicious or criminal purpose. Accordingly, I do not warrant that use of standard e-mail platforms will provide communications security and you release me from any liability regarding the use of e-mail.

2. You give me permission to use my scheduling software to make appointments, provide reminder e-mails regarding appointments, and to provide you with e-mail notices regarding interesting events and other updates concerning my practice. Please be advised that this scheduling software is not secure and may be breached by hackers and others with a malicious or criminal purpose. Accordingly, I do not warrant that use of my scheduling software will provide communications security and you release me from any liability regarding the use my scheduling software.

3. To the extent you communicate with me via text messaging (which I discourage), you give me permission to communicate with you via text messaging. Like other communications platforms, text messaging is not secure and may be breached by hackers and others with a malicious or criminal purpose. Accordingly, I do not warrant that use of text messaging will provide communications security and you release me from any liability regarding the use of text messaging.

4. You may not wish to give me the permissions described in paragraphs 1 through 3. You may do so by initialing below on the line that provides that you "opt out" of this communications agreement. **If you do so, please be advised that I will communicate with you only by phone and I request that you do not use my scheduling software.** Please do not sign this agreement if you are opting out.

Patient Signature

Date

_____ I opt out of this communications agreement. **Communication will by telephone only.**