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E-Mail and SMS Consent Form

Purpose: This form is used to obtain your consent to communicate with you by email or SMS regarding your protected health information (PHI).

Dr. Cosentino offers patients the opportunity to communicate by e-mail or SMS. Transmitting patient information by e-mail or SMS has a number of risks that patients should consider before granting consent to use e-mail or SMS for these purposes.

Dr. Cosentino will use reasonable means to protect the security and confidentiality of e-mail and SMS information sent and received. However, Dr. Cosentino cannot guarantee the security and confidentiality of e-mail or SMS communication and will not be liable for inadvertent disclosure of confidential information.

Patient's Acknowledgment and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of e-mail or SMS between Dr. Cosentino and myself. I consent to the conditions outlined herein. Any questions I may have had were answered. I agree and consent that Dr. Cosentino may communicate with me regarding my protected health information by e-mail or SMS.

Patient signature:

Date:

Patient Name: _____

Patient Address: _____

Patient E-mail Address: _____

Patient Cell Phone Number: _____