



ORCHARD MEDICAL GROUP

FAMILY MEDICINE

Consent for Communication via Phone, Email, or Text Messaging

I, (Patient Name) _____ Date of Birth (DOB): _____
authorize Orchard Medical Group to communicate with me electronically or by cell phone, as set forth in this form.

We at Orchard Medical Group value clear and timely communication with our patients. By providing consent, you or your legal guardian authorize us to contact you regarding your healthcare and outstanding balances via phone, email, or text messaging (SMS). Below are the terms and conditions of this consent:

1. Purpose of Communication

We may use phone, email, or text messaging to communicate about:

- Appointment reminders
- Billing inquiries and outstanding balances
- Prescription refills
- Lab and test results
- Referral updates
- Other general medical and business matters

By providing your contact details, you agree to receive such communications.

2. Risks of Using Email and Text Messaging

While we strive to protect your privacy, electronic communications carry certain risks:

- Messages may be misaddressed or intercepted.
- E-mails and texts can be forwarded, stored, or printed.
- Sensitive information may inadvertently be accessed by others (e.g., employer systems or shared devices).
- Unauthorized parties could access or alter communications.
- Deleted messages may still be recoverable from devices.

Please be cautious when providing contact details and ensure your devices are secure.

3. Consent for Billing-Related Communications

We may contact you via phone, email, or SMS regarding outstanding balances or billing-related matters. By consenting, you authorize the use of automated dialing systems, pre-recorded messages, or direct communication to reach you.

4. Conditions for Communication

- **Medical Records Inclusion:** Communications may be included in your medical record.
 - **Response Times:** Responses to emails or texts may take longer. Do not use these methods for emergencies or urgent medical needs.
 - **Sensitive Topics:** For privacy, avoid discussing sensitive topics (e.g., mental health, STDs, or HIV) via email or text.
 - **Patient Responsibility:** If you don't receive a response, follow up by phone.
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5. Your Rights and Responsibilities

- Providing consent is voluntary and will not affect your care.
 - You may withdraw your consent at any time by submitting a written request. Please allow 30 days for processing.
 - Inform us promptly if your contact details change.
 - Do not use employer systems for communication to ensure confidentiality.
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6. Acknowledgment and Agreement

By signing this form, you acknowledge that you have read and understand the risks and conditions outlined. You agree to the use of phone, email, and SMS for communications, including billing-related inquiries.

Contact Preferences

Please provide your preferred contact information:

- **Cell Phone (Voice or Text):** _____
- **Email:** _____

Patient/Guardian Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____

For questions about this consent, please contact Orchard Medical Group at (603) 329-5222.