

Voss Chiropractic

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Edward C. Voss, D.C. / Kaelyn E. Voss, D.C / Ben Pierré, DC

Electronic Communication Consent

First name:	Last:	Date of birth:
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I Consent to Electronic Communication from Voss Chiropractic via text, email & phone. Voss Chiropractic has my permission to use electronic communication to facilitate treatment, payment and healthcare operations (TPO). This includes but is not limited to appointment reminders, balance statements, treatment facilitation, insurance coordination/billing and other inquiries related to your care.

Verify & confirm the best number and email to reach you below:

Phone:	Email:
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_____ I understand that this request to receive electronic communications will apply to all future appointment reminders, feedback and health information, unless I request a change in writing.

_____ I understand that I have the right to withdraw my consent to receive electronic communications from Voss Chiropractic at any time.

_____ I agree to notify Voss Chiropractic if my phone number or email address changes.

_____ I further consent to opt into Electronic Statements that provide me the opportunity to pay balances online. (E-pay Consent).

Patient Acknowledgement and Agreement: I understand that electronic media and delivery methods such as e-mail and text messaging pose certain risks to the privacy and security of my protected health information. By my signature below, I agree to assume such risks personally and to hold Voss Chiropractic and agents harmless in the event that my PHI is breached or compromised because of my directing and authorizing Voss Chiropractic and agents to transmit or deliver such information electronically. Any questions I had, have been answered. I have reviewed and understand all of the risks, conditions, and instructions described in this form.

Patient: _____

Date: _____

Signature: _____