



**INWELL
MEDICAL**

"Care. Collaboration. Convenience"

Integrated Wellness Medical Clinic Email and Text Consent Form

MY NAME IS: _____

MY EMAIL IS _____

MY Cell #: _____

I am a patient at Integrated Wellness Medical Clinic. By signing this agreement, I understand and give consent for my participation in online booking, text and email. My email will be kept confidential and will be used only for the purpose of communication and reminders. Integrated will not share this information to any third party.

I acknowledge that I have read and fully understand the risks, limitations, conditions of use and instructions for use of electronic communication below. I understand and accept the risks outlines and associated with the use of the services in communications with the Physicians and the Physicians staff.

I acknowledge and understand that despite recommendations that encrypted software be used as a security measure for electronic communications, it is possible that communications with the Physicians or the Physicians staff using the services may not be encrypted. Despite this, I agree to communicate with the Physicians office or the Physicians staff using these services with a full understanding of the risk.

I understand that either I, or the physician may, at any time, withdraw the option of communication electronically.

The Physician will use reasonable means to protect the security and confidentiality of information sent and received. However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communication.

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employees and online services may have a legal right to inspect and keep electronic communications that pass through their systems

- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system
- Electronic communications may be disclosed in accordance with a duty to report or a court order

If the emails or text is used as an e-communication tool, the following are additional risks:

- Emails, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unattended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

INWELL Patient-Physician Agreement For No Show Policy and Late Visit Policy.

To better manage your care and to ensure that we are able to function sustainably and see you in a reasonable time period, our NO SHOW Policy and LATE VISIT Policy will be enforced at all times.

Patients Responsibility

1. Please cancel your appointment if booked via e-booking or if booked by phone. The appointment should be cancelled at least 24hrs before.
2. Allow 5-10 minutes prior to your appointment to ensure you get parking and check-in on time.
3. Update your cellular phone number and email address with the receptionist

Signed this day _____ 201__

Patient's Name Printed _____

Patient's Signature _____