



Texas Rheumatology

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Patient Electronic/Voicemail/Email Communication Consent

Texas Rheumatology is dedicated to keeping your medical record information confidential. To better serve our patients our office has established a patient portal and email for electronic communication. Messages addressed to your physician may be accessed by the staff and/or colleagues. Communications relating to diagnosis and treatment will be filed in your medical record. Information which may be disclosed and communicated by email includes, by way of example only: questions and comments regarding patient care, follow-up questions and responses, lab results, appointment reminders, billing notices and statements, or other information specifically requested by the patient.

I represent that the only persons to whom I have given or will give access to the email account identified in my record while this consent is in effect are me and persons authorized by me. In giving this consent, I understand that while the Practice will make reasonable efforts to secure its communications with me, no form of communication is perfectly secure. I also understand that I am responsible for securing my own email account and other digital devices, including using secure passwords and using anti-virus software and other appropriate security measures. This consent may be revoked at any time by giving written notice to **Texas Rheumatology** and shall automatically expire three (3) years after I cease to be a patient of the Practice.

 I agree to have messages left on my voicemail for appointment, billing, and non-serious health care issues.
Initial

By signing below, I am agreeing that Texas Rheumatology may send medical related correspondence to me via electronic communication, and that we may respond to your electronic communication to us via electronic communication.

Signature (Patient/Parent/Guardian)

Date

Patient Name

DOB