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REQUEST FOR CONFIDENTIAL ELECTRONIC COMMUNICATIONS

Name of Patient: _____

Date of Request: _____ Patient Date of Birth: _____

We have an appointment reminder system that can send you either an e-mail or a text message to remind you of your appointments. If you would like a reminder either by text, e-mail, or both, please check the appropriate boxes below.

I request that the following communications from the practice be delivered to me by the provided electronic means. I understand that this form of communication may not be secure, creating a risk of improper disclosure to unauthorized individual. I am willing to accept the risk and will not hold the practice responsible should such incident occur.

Communications (please check all that apply)

- Appointment reminders Others (list specifically): _____
- Decline electronic reminders

Method (please check all that apply)

- E-mail E-mail Address: _____
- Text Cell Phone Number: _____ Cell Carrier Name: _____

Time period for this method (expiration date): _____

Acknowledgement and Agreements: I understand and agree that the requested communication method is not secure, making my PHI at risk for receipt by unauthorized individuals. I accept the risk and will not retaliate against the practice in any way should this occur.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

Relationship to patient: _____

Request Received By: _____ Date: _____