



"Comprehensive Family Skin Care"

• Medical • Surgical • Cosmetic

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EMAIL AND TEXT MESSAGING CONSENT FORM

We are happy to provide our patients with the option to participate in our online patient communication system. Some of the features include:

1. APPOINTMENTS REMINDERS VIA EMAIL
2. APPOINTMENT REMINDERS VIA TEXT MESSAGE

Unencrypted email and text messaging are not secure forms of communication. There is some risk that any individually identifiable health information and other sensitive or confidential information that may be contained in such email may be misdirected, disclosed to or intercepted by unauthorized third parties. However, you may consent to receive email from us regarding your treatment.

We will use the minimum necessary amount of protected health information in any communication.

PLEASE MARK YOUR CHOICE FOR THE FOLLOWING:

I consent to and accept the risk in receiving information via email and text message. I understand I can withdraw my consent at any time.

My email address is _____

My Text Cell Number: (_____) _____

OR

I do NOT consent to receiving any information via email or text. I understand that I can change my mind and provide consent later.

Please sign below to indicate that you agree to allow us to use this information in providing your services. You may choose to discontinue your participation in our online communications system at any time just simply notify us.

Print Patient Name: _____

Signature: _____ Date: _____
(Patient or legal representative)